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HC 314P J

MEDICAL COMMUNICATIONS.

VOLUME THE FIRST.

LONDON:

PRINTED FOR JOSEPH JOHNSON, N°. 72,
ST. PAUL'S CHURCH-YARD.

M DCC LXXXIV.

BOSTON MEDICAL
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PREFACE.

THE Editors of this work having formed themſelves into a SOCIETY FOR PROMOTING MEDICAL KNOWLEDGE, by collecting and publiſhing ſuch papers on medical ſubjects as they think worthy of being preſerved, now offer a volume of their collection to the public.

It conſiſts of caſes and obſervations relating to phyſic and ſurgery, of which ſome are written by members of the Society, the others by correſpondents. The acknow-

ledged utility of ſuch collections, firſt induced the Society to engage in the preſent undertaking; if it ſhall be found in any degree to extend the limits of medical ſcience, their views will be accompliſhed.

The Influenza of the year 1782, appearing to the Society an object worthy their attention, they were deſirous of collecting materials for its hiſtory; and for that purpoſe ſolicited information on the ſubject, from gentlemen of the Profeſſion eſtabliſhed in different parts of Europe. The number and value of the communications they were favoured with, on that occaſion, will appear from the account of the diſeaſe, written by Dr. Gray, at the requeſt of the Society.

The

The paper on the efficacy of opium in the venereal diſeaſe, is the firſt publication on the ſubject that has appeared in this kingdom. The author ſeems to be aware that much obſervation is yet wanting to determine the real value of this new remedy, and candidly acknowledges that it has not been always given with equal ſucceſs. The Society are alſo convinced that the experiments hitherto made are by no means ſufficient to eſtabliſh a new method of treating the diſeaſe in queſtion, and have publiſhed the paper rather with a view to excite enquiry, than to ſatisfy doubt; hoping that thoſe who have proper opportunities will exert themſelves

in the inveſtigation of ſo important a ſubject.

The Society think proper to mention that they are already in poſſeſſion of ſome materials for a ſecond volume; and they flatter themſelves that when their deſign ſhall become more generally known, the number of their correſpondents will increaſe.

Communications may be addreſſed to Dr. Gray, at the Britiſh Muſeum, or to Mr. Ford, in Golden-Square, Secretaries of the Society.

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35, l. 12, *for* ſervive, *read* ſervice.
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399, l. 29, *for* μιν, *read* μιν.
402, l. 8, *for* φθισι, *read* φθισιν.
— l. 27, *for* ιχη, *read* ιχη.
403, l. 2, *for* πληρωση, *read* πληρωσει.
— l. 28, *for* ως δια χαλαμμ, *read* ως δια καλαμμ,
406, l. 13, *for* became, *read* become.
418, l. 14, *for* abominal, *read* abdominal.
432, l. 26, *for* more, *read* tumore.

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MEDICAL COMMUNICATIONS.

I. *An Account* of the Epidemic Catarrh, of the year 1782; compiled at the requeſt of the Society.* By EDWARD GRAY, M.D. F.R.S.

IN the account of an epidemic diſeaſe, it may be expected that it ſhould be compared with thoſe of the ſame ſpecies, which

* The compiler of the following account, thinks it an acknowledgment due to the gentlemen who favoured the ſociety with letters on the late epidemic catarrh, to obſerve, that though many of them would have done honour to the preſent publication, had they been inſerted at full length, yet when it is conſidered that great part of their contents were neceſſarily ſimilar, and that the repetition, which would have been the conſequence of that method of publiſhing them, would have conſiderably enlarged the account of the diſorder, it is hoped the authors of them will excuſe the liberty that has been taken, to omit, in general, whatever was not immediately connected with the diſeaſe, and to ſelect and tranſcribe that which ſerved to eſtabliſh or elucidate

which have already been deſcribed; and that their analogies and diſtinctions ſhould be pointed out; but the great number of them upon record, is, it is preſumed, a ſufficient excuſe for the omiſſion of ſuch an inveſtigation; eſpecially when it is conſidered, that it will be in the power of any perſon, by comparing the deſcription of the late epidemic with that of any former one, to find wherein thoſe analogies and diſtinctions conſiſt. They who may be inclined to do ſo, will find a very ample catalogue of them, ranged in chronological order, in Dr. Cullen's, *Synopſis Noſologiæ Methodicæ*, under the article, *Catarrhus a Contagio*, to which ſpecies the late influenza belongs; and when the various forms which in different perſons and places it put on, are taken into conſideration, it will, no doubt, be found, that ſome of them were the ſame as ſome of thoſe in which it formerly appeared; but, when the more general character

elucidate particular facts or opinions, and conſequently to render its hiſtory more complete; for the ſame reaſon, he has not thought it neceſſary to produce authorities for thoſe parts of the account, which, by being conformable to general obſervation, ſeemed to him not to require them.

racter of it be conſidered, it will probably appear to have differed, in ſome reſpects, from all the former diſorders of the ſame ſpecies; and with regard to the number of perſons affected by it, and the great ſpace of the earth over which it ſpread its influence, to have been equalled by few of them, perhaps exceeded by none (1). In particular places indeed ſome of the former epidemics may have been more general; in one place that of 1775 was thought to have been ſo (2), but upon the whole there will perhaps be found no reaſon to alter the above opinion.

Very little authentic information has been procured, reſpecting the hiſtory of the diſorder, before the time of its appearance

(1) "With regard to the number affected, it was "the moſt univerſal diſeaſe ever remembered."
Dr. *Anderſon*, *Alnwick*.

"No diſeaſe was ever more general."
Dr. *Murray*, *Norwich*.

"I believe no diſeaſe was ever known to be more "general." Dr. *Kirkland*, *Aſhby*.

(2) "The inhabitants of Dumfries, and the environs, "were pretty generally affected by the diſorder, yet I "think not ſo generally as by the catarrhal fever of "1775." Dr. *Gilchriſt*, *Dumfries*.

pearance in London; all that can upon good authority be related, is, that it prevailed at Moſcow, in the months of December 1781, and January 1782, and at St. Peterſburgh, in February 1782: it was traced from Tobolſki, to which place it was ſuppoſed to have been brought from China.

In confirmation of this opinion it may be obſerved, that ſeveral accounts from different parts of the Eaſt Indies, mention that a diſorder, ſimilar in its ſymptoms, prevailed in thoſe parts in the months of October and November 1781. It was in Denmark the latter end of April, or the beginning of May; and many people were ſaid to have died of it at Copenhagen, before the 11th of May. It is not eaſy to determine with preciſion, the time of its firſt appearance in London; that it was here the ſecond week in May, ſeems very certain; and though it was thought by ſome to have been here long before that time (3), the more general opinion is, that the caſes then

(3) "Such was the epidemic conſtitution in the "month of March 1782, when the Febris epidemica "catarrhalis firſt appeared, and by the middle of April it "was ſpread all over London, and its environs."——
Obſervations on the late influenza, by Dr. Grant, p. 18.

then obſerved did not belong to the diſorder in queſtion. But whatever difference of ſentiment there may be reſpecting the time of its arrival in this metropolis, the fourth week in May is very well known to have been the period of its moſt univerſal prevalence here; which circumſtance may ſurely be conſidered as a ſtrong argument, that the caſes obſerved ſo early as March, or even April, were common catarrhs; for it ſeems very improbable that a diſorder, which in every other place reached its higheſt pitch of general prevalence in a week or two after its appearance, ſhould in London be two months before it arrived at that period.

According to the accounts received from the different parts of England, it ſeems that in moſt of them, the influenza did not begin to appear until after its prevalence in London; as in every letter, except two (4), its appearance is dated either from the latter end of May or the beginning of June. In Scotland, and in Ireland, it ſeems to have been rather

 later.

(4) "The late epidemic diſeaſe made its appearance in "this part of Yorkſhire about the beginning of May, "but

later. It prevailed in France, in the months of June and July; in Italy, in July and Auguſt; and in Portugal and Spain, in Auguſt and September. It is ſaid that it was afterwards obſerved in America; but no authentic information on that head having been obtained, it is mentioned only as common report.

It muſt here be remarked, that a complaint ſimilar to the influenza, was taken notice of in ſome parts of the kingdom, ſeveral months before that diſorder made its progreſs through it. Mr. Mortimer, ſurgeon to the North Devonſhire regiment of militia, was ſeized on the 24th of March, at Great Torrington, with a diſorder, the ſymptoms of which were perfectly ſimilar to thoſe of the influenza; after him, his family had it, and it then became general in that town. It did not extend to the neighbouring villages, nor could Mr. Mortimer, upon enquiry, find that any ſuch diſorder had

"but in Thirſk, and Northallerton, it began ſome days "ſooner." Dr. *Biſſet*, *Knayton*.

"The time that I can name with moſt certainty of "its coming to Greenwich, is the firſt week in May; "and I think the firſt patient I ſaw ill of it was at Dept-"ford, on the firſt of that month." Dr. *Leith*, *Greenwich*.

had been obſerved at any other place in that part of England. At Barnſtaple, which is only twelve miles from Torrington, the influenza was common in the beginning of June, when it went through that part of Devonſhire, but the inhabitants of Torrington, were not then affected by it (5). This laſt circumſtance ſeems to ſhew, that the diſorder obſerved in March was of the ſame ſpecies with the influenza; but admitting it to have been ſo, it is very extraordinary that its activity ſhould, at that time, have been confined to ſo ſmall a ſpace.

The fourth week in May, was (as is before mentioned) the period at which the diſeaſe prevailed moſt generally in London. From that time it began to decline, and in the ſpace of two or three weeks ceaſed to exiſt as a general diſorder. It did not however leave the city, till the month of September. A family from Portugal landed at Harwich, in the beginning of that month, and came directly to London; the day after their arrival there, the lady, two

(5) Theſe facts, and thoſe mentioned page 61, were communicated by Mr. Mortimer to Dr. Blagden, and by him to Dr. Gray.

children, and two maid ſervants, were ſeized with evident and unqueſtionable ſymptoms of the influenza. No certain inſtance of it in London, after that time, can be adduced.

In moſt parts of England it does not appear to have remained ſo long; but in ſeveral places it is ſaid to have continued till the month of Auguſt (6), and in ſome, till the month of September (7). In the London Medical Journal it is related, that "the "Convert and Lizard ſhips of war, upon "their arrival at Graveſend, from the Weſt "Indies, in the beginning of September, "had three Cuſtom-houſe officers put on "board them, and in a few hours after, "the crews of both ſhips, till then in "good health, were ſeized with ſymptoms "of the influenza; hardly a man in either "ſhip eſcaped, and ſome had it very ſe-"verely" (8). It

(6) "In the ſecond week in Auguſt it began to diſap-"pear." Dr. *Scott*, *Stamfordham*.
"It continued till the month of Auguſt."
Dr. *Kirkland*, *Aſhby*.
"The diſorder is ſtill (Auguſt 26) in this country."
Dr. *Paterſon*, *Margam*.

(7) "The diſorder continued till September, when it "gradually diſappeared." Dr. *Scott*, *Iſle of Man*.

(8) This circumſtance was communicated to Dr. Simmons, by Capt. Harvey, of the Convert, who at

It does not appear that any attempt was made to aſcertain the proportional number of perſons affected by this diſorder. In different places that number was very different, and in ſome it ſeems to have been very great (9). Moſt

at the time he mentioned it, (the 3d week in September) was not quite recovered from the diſeaſe.

(9) "Hardly one eſcaped, old or young."
Mr. Jacob, Feverſham.

"Scarce a family in the town or neighbourhood free."
Dr. *Anderſon, Alnwick.*

"Scarcely one adult in a hundred, under fifty years, "eſcaped. About a ſeventh part of old perſons and "children eſcaped. Dr. *Biſſett, Kneyton.*

"It was ſo univerſal, that it may rather be ſaid to "have ceaſed for want of ſubjects, than to have loſt the "power of exerting its deleterious effects.
Dr. *Ruſton, Exeter.*

"It prevailed almoſt univerſally among the inhabi-"tants of this town; very few families remained totally "free from it, but ſome few eſcaped it intirely. More than "930 perſons affected with it, applied to the diſpenſary "in the courſe of three weeks." Dr. *Houlſton, Liverpool.*

"Whole families were affected with it at the ſame "time; ſo that none remained well to nurſe the ſick, and "it was extremely difficult to get any aſſiſtance, as none "remained free from the diſeaſe." Dr. *Binns, Liverpool.*

"Very general, particularly among the ſoldiers quar-"tered here. In the infirmary, few or none of the pa-"tients eſcaped." Dr. *Livingſton, Aberdeen.*

"At

Moſt of the accounts received from the various parts of the kingdom, ſay only, that it was very general, &c. At Dover Caſtle, 390 privates of the 59th regiment, and at Dublin, upwards of 700 of the 36th and 77th regiments of foot, were ill of it at the ſame time.

At London it was alſo very general; and, though a want of proper obſervation on that head, renders it impoſſible to determine the proportion of perſons affected by the diſeaſe, it may be ſafely aſſerted, that the number of thoſe attacked by it, was much greater than that of thoſe who eſcaped it. With reſpect to ſex, there ſeemed little or no difference; though in ſome places it was thought that the number of men affected by it was greater than that of women (10).

Dr.

" At St. Albans, out of three companies quartered " in that town, ſcarcely a ſingle man was fit to do duty; " the officers ſuffered in like proportion, for only one " eſcaped the complaint." *Deſcription of the Influenza by Dr. Hamilton*, p. 9.

(10) " Very few eſcaped, and thoſe chiefly females."
Dr. *Murray, Norwich.*

Dr. Simmons obſerved, that of ninety-ſix patients who were admitted under his care at the Weſtminſter Diſpenſary, on account of the influenza, fifty were females, and forty-ſix males. But though, upon the whole, it ſeemed to ſhow no diſtinction worth remarking, with regard to ſex, this was far from being the caſe with regard to age. Old perſons were certainly leſs ſubject to the diſorder than thoſe of a middle age; but when attacked, they generally had it very violently (11). Children were ſtill leſs ſubject to it than old perſons, and infants conſiderably leſs than either (12).

In

(11) "Old age appeared next to infancy the leaſt "ſuſceptible of the diſeaſe; many of thoſe who eſ-"caped were advanced in life, but the aged perſons who "did ſuffer had the diſorder to a greater degree, and for "a longer time" Dr. *Macqueen*, *Great Yarmouth*.

"Some old perſons, from ſixty upwards eſcaped, but "ſuch as took the diſeaſe, generally ſuffered ſeverely by "it." Dr. *Meaſe*, *Strabane*.

"The old and valetudinary, ſuffered moſt ſeverely." Dr. *Livingſton*, *Aberdeen*.

"The aged, eſpecially thoſe of a corpulent and full "habit of body, were moſt violently affected." Dr. *Ruſton*, *Exeter*.

(12) "Children for the moſt part eſcaped the com-"plaint." Dr. *Campbell*, *Lancaſter*.

"I have

In the Hoſpice de Vaugirard, near Paris, where there are upwards of forty children, all under two years of age, it was obſerved that not one of them was affected, though the epidemic was common in the village *. Of the ninety-ſix perſons abovementioned, who applied to the Weſtminſter Diſpenſary, thirteen were under the age of twenty, ſixty-three between twenty and forty, and twenty above forty years of age. But notwithſtanding young perſons were leſs liable to the diſorder than adults, and when affected, commonly had it in a leſs degree (13), yet even infants were

" I have heard of no child at the breaſt having it."
Dr. *Meaſe, Strabane.*

" Children in general eſcaped its fury."
Dr. *Kirkland, Aſhby.*

" Les enfans du premier age en ont paru a peu pres " exempts." *Letter from M. Vicq D'Azyr to Dr. Simmons.*

" I do not recollect a ſingle inſtance of an infant at " the breaſt being affected with ſymptoms of influenza, " either in the Britiſh lying-in hoſpital, or in my " private practice." Dr. *Garthſhore.*

(13) " Children, and perſons of a weak and delicate " habit, were leſs violently affected than ſtrong robuſt " perſons arrived at the years of maturity."
Dr. *Ruſton, Exeter.*

" Young perſons, and eſpecially children, were " commonly attacked in an eaſy and ſlight degree."
Dr. *Livingſton, Aberdeen.*

* Journal de Medecine.

were not entirely exempt from it, and ſome of them had it very ſeverely (14).

General as it was in London, ſome whole families eſcaped it; one for inſtance, reſiding near Red-lion-ſquare, which at that time (including children and ſervants) conſiſted of thirteen perſons, remained intirely free from its attack. It was alſo remarked, that many perſons who eſcaped the epidemic of 1775, were affected by that of 1782, and many who eſcaped the latter, were affected by the former.

It would be an endleſs taſk to deſcribe, minutely, the various forms, which in different perſons, the diſorder put on; in general, it began with ſome of the following ſymp-

(14) "The ſtate of infancy ſeems to have been almoſt "univerſally exempted. I have been able to aſcertain "but one inſtance to the contrary in this town. Mr. "Aſſey, of Beccles, ſays the diſeaſe exerted much vio- "lence on a child eighteen months old."

Dr. *Macqueen, Yarmouth.*

"Children were not wholly exempted, many at the "time being affected with ſneezing, running at the noſe, "and cough." Dr. *Anderſon, Almwick.*

"An infant, two hours after it was born, was affected "with ſneezing, cough, and other ſymptoms of the diſ- "order." Mr. *Wilmer, Coventry.*

ſymptoms, of which thoſe firſt mentioned ſeem to have been moſt common, and moſt characteriſtic of the diſeaſe; but the order in which they followed each other, and their duration, varied exceedingly:

Chilline's and ſhivering, ſometimes ſucceeded by a hot fit, and alternating with it for ſome hours; languor and laſſitude; ſneezing; diſcharge from the noſe and eyes; pain in the head (particularly between or over the eyes,); cough, ſometimes dry, ſometimes accompanied with expectoration; inflammation of one or both eyes; oppreſſion and tightneſs about the præcordia; difficulty of breathing; pain in the breaſt or ſide; pain in the loins, neck, ſhoulders, or limbs; ſenſe of heat and ſoreneſs, in the throat, and trachea; hoarſeneſs; bleeding from the noſe; ſpitting of blood; loſs of ſmell or taſte; nauſea; flatulence.

Watery bliſters about the upper parts of the body; ſwellings in the face and other parts, attended with conſiderable ſoreneſs, apparently eryſipelatous; and others of a different nature, forming abſceſſes in various parts, were ſometimes obſerved (15):

In

(15) "In the laſt form of the diſorder, (vide note 31) "ſome, beſides ſeveral of the more common ſymptoms, "had

In a few inſtances a very painful ſwelling of the abdomen, ſeemed to conſtitute the moſt diſagreable ſymptom of the diſorder (16). An eruption about the noſe and lips was not uncommon; and in ſome caſes a miliary

" had abſceſſes ſuddenly forming in different parts of " the body, particularly in the parotid and axillary " glands; and large watery bliſters, which roſe about " the back, breaſt, ſhoulders, &c."

Dr. *Scott, Iſle of Man.*

" Some had tumors, which ended in painful ulcers, " diſcharging a thin ichor." Dr. *Paterſon, Margam.*

" Some had eryſipelatous ſwellings in the face, " others had them in different part of the body, attended " with an intolerable itching." Sir *Robert Scott, Dublin.*

(16) " Some weeks after the diſorder began, ſome " who had the more uſual ſymptoms, were ſuddenly left " free from all appearance of catarrhal affection; and in " exchange, there followed violent pain all over the " abdomen, which appeared as if diſtended by wind, and " was very tender to the touch; the thirſt and heat " were conſiderable, without any great quickneſs in the " pulſe; this complaint laſted from eight to fourteen " days. Some were ſeized with this pain in the abdomen, " without having any catarrhal attack, and all of them " had no other appearance of the diſorder; ſeveral of " theſe were bled early in the diſeaſe, but I cannot ſay " it removed, or even relieved the ſymptoms."

Dr. *Leith, Greenwich.*

" Some had their bodies ſwelled all over, with con- " ſiderable inflammation, and ſo painful they would not " ſuffer you to touch them." Dr. *Paterſon, Margam.*

miliary one, or one like the chicken pox, was remarked at the close of the diſorder (17).

Abſceſſes in the ears, which according to Huxham were a common ſymptom in the epidemic of 1733, were ſeldom ſeen in that of 1782; but they did ſometimes occur (18).

In ſome the catarrhal ſymptoms were very ſlight, or entirely wanting; the diſorder

(17) "After perſpiration, the moſt frequent criſis, if "it may be called one, was a ſcabby eruption about the "noſe and lips." Dr. *Meaſe, Strabane.*

"Small angry pimples often appeared about the upper "lip, and filled with pus; theſe, however, did not ap- "pear to be critical, but merely the effect of the heat and "acrimony of the matter diſcharged from the noſe."

Dr. *Campbell, Lancaſter.*

"In one or two caſes, the diſorder terminated "with a miliary eruption." Dr. *Livingſton, Aberdeen.*

"When nature was interrupted in the beginning, "by bleeding, or other improper management, the pa- "tient was thrown into a fever, which had for its criſis "an eruption not unlike the chicken pox."

Dr. *Paterſon, Margam.*

(18) "One patient had abſceſſes formed in both ears." *Deſcription of the influenza, by Dr. Hamilton*, p. 14.

(18) I ſaw

order in thoſe caſes being like a common fever (19).

The pain in the breaſt or ſide, which, in moſt caſes, ſeemed ſymptomatic, was in ſome the principal complaint; and had the appearance of genuine peripneumony or pleuriſy, with every mark of inflammatory diatheſis: in a few of theſe caſes the pleuritic

" I ſaw a remarkable inſtance of this ſymptom, " (a diſcharge of matter from the ears) occurring in " the influenza." *Account of the epidemic catarrhal fever, by* Dr. *Falconer*, p. 10.

(19) " Though there was no-doubt of its being a " fever of the catarrhal kind, it was not attended with " ſo many catarrhal ſymptoms as the epidemic of 1775. " In many of the caſes of this year there was no cough, " no ſneezing, nor any defluxion ſhewing a particular " affection of the membrana ſchneideriana, ſo that " the diſeaſe might have been miſtaken for the ordi- " nary kind of fever frequently occurring in this coun- " try, (in which there is often a tendency to rheu- " matic or pleuritic ſymptoms) if it had not been " attended with the unuſual ſickneſs and oppreſſion ob- " ſerved in the catarrhal fever, and frequently with " conſiderable diſorder in the primæ viæ."

Dr. *Gilchriſt*, *Dumfries*.

" In ſome inſtances the head-ach, coryza, and cough, " appeared more early, and conſtituted the principal " ſymptoms. In others they appeared in the ſlighteſt " form, and ſcarcely deſerving regard, while the febrile " ſymptoms accompanied with unuſual languor and " ſtuggiſhneſs were chiefly remarkable."

Dr. *Anderſon*, *Alnwick*.

ritic ſymptoms were preceded by thoſe of inflammatory angina (20); and there were obſerved ſome inſtances of the laſt mentioned diſorder which terminated in ſuppuration of the tonſils (21).

In others there were remarked as evident ſigns of a tendency to putrefaction (22); and in

(20) "In ſome few the fever was acute, the pulſe "hard and full; the cough inceſſant, producing bloody "expectoration, and the inflammation fixing in the "ſide or the lungs, produced pleuriſy or peripneu-"mony." Mr. *Wilmer*, *Coventry*.

"I ſaw ſome patients where the ſymptoms were "highly pleuritic, and in a ſmall village not far from "this place, four or five perſons died under the uſual "ſymptoms of pleuriſy, when that diſorder terminates "fatally. I viſited a family in which there were three "perſons at the ſame time in this ſituation, two of them "before the pleuritic ſymptoms came on, had all the "ſymptoms of an inflammatory angina, which diſap-"peared in a day or two, and were ſucceeded by thoſe "of pleuriſy; they were relieved by copious and re-"peated bleeding. It was certainly more inflamma-"tory in that little village than in any place where I "have attended." Dr. *Daniel*, *Crewkherne*.

(21) "In ſome the throat was much ſwelled both "within and without, and there were ſome inſtances "of ſuppuration of the tonſils." Dr. *Murray*, *Norwich*.

(22) "A gentleman from the Univerſity of Cam-"bridge aſſures me, that in the opinion of many the "diſeaſe

in one caſe, the diſeaſe ſeems to have put on the form of nervous fever (23).

In the leſs violent attacks of the diſorder, the thirſt was not very great, nor was the appetite in general very much impaired.

The tongue was generally white, but moiſt; and the ſkin hot and dry, in the beginning of the diſeaſe; but a perſpiration uſually came on before many hours were paſt, even where no means were uſed to excite it. The

" diſeaſe had there put on more or leſs of a putrid " type, for beſides the extreme debility, the mouth " and fauces were generally covered with black viſcid " ſordes." Dr. *Macqueen*, *Great Yarmouth.*

" In ſome few inſtances there ſeemed evidently a ſtrong " tendency to putrefaction, the fauces and throat " were excoriated, the tongue was very foul, having " that kind of foulneſs common in the ulcerated ſore " throat; and in ſeveral patients in the hoſpital who " had foul ulcers, or were of a bad habit of body, this " epidemic proved of the putrid kind."

Dr. *Ruſton*, *Exeter.*

(23) " I feared I ſhould have loſt one young patient, " and you may be ſurpriſed at my mentioning him as " an inſtance of the diſeaſe, when I tell you that his " ſymptoms were thoſe of a nervous fever; yet I think " I am juſtifiable in ſo doing from its happening at " the ſame time, being the only inſtance of the kind, " and beginning with one of the ſymptoms with " which the influenza was ſometimes accompanied, " viz. an Epiſtaxis." Dr. *Meaſe*, *Strabane.*

The nights were paſſed in diſturbed and unrefreſhing ſleep, frequently with delirium, which, in general, did not continue long; in ſome caſes, however, it appears to have been the moſt alarming ſymptom of the diſorder (24).

The pulſe was always quickened, but in various degrees; in the milder forms of the diſeaſe it did not in general exceed 100; but in the more violent ones it was frequently 120, and in ſome caſes more (25).

In

(24) " At the time the diſeaſe was amongſt us, it " either ſhewed itſelf in a different form or another " diſeaſe attacked the people, for the patient was " ſeized with a violent pain in his head and preſently " became delirious, his lungs being unaffected, for he " breathed freely, and had no cough; the pulſe ſeldom " exceeded 100. I ſaw five thus affected who all re- " covered; great debility and tremors followed the " complaint." Dr. *Kirkland*, *Aſhby*.

(25) " At Eltham it raged with uncommon ſeverity, " at firſt in the more common form, but ſoon after the " attack was very different. The patients were in " general ſeized with a pain acroſs the lower parts of " the thorax, which produced a quick and laborious " reſpiration, great thirſt, and a white but not dry " tongue; the pulſe from the firſt moment ſmall and " quick, rarely leſs than 120, more frequently 140 in " a minute, and the leaſt effort quickened it ſo that it " could

In the beginning of the complaint it was often full, but very ſeldom hard, and ſometimes was obſerved to be intermittent (26).

The

" could not be reckoned. Bleeding was in many caſes " tried but it was of no uſe, and indeed many found " no benefit from any means uſed to relieve them but " ſunk gradually without much change of ſymptoms " about the 5th or 6th day, and ſome died ſuddenly. " In a few a delirium came on; others remained ſenſi- " ble through the whole courſe of the diſorder. Some " recovered, ſeemingly from a plentiful expectoration " of a viſcid ſemi-pellucid matter; others died after the " expectoration came on; and many recovered without " any ſuch evacuation, though they all ſeemed diſ- " poſed to it in the beginning. But at this very time " ſome few caſes occurred where the pulſe was firm " and hard, and where bleeding was borne well, and " repeated with advantage to the amount of forty " ounces or more." Dr. *Leith*, *Greenwich*.

(26) " I was called to a patient whoſe caſe was very " alarming and ſingular. She had the common ſymp- " toms of the diſorder with fever and pain in the " head, had got no ſleep, was harraſſed with a dry " cough, had pains in her bowels and diarrhœa. " Upon feeling her pulſe I found they were full and " ſomewhat hard, and that they intermitted ſometimes " every third ſtroke, at others every eighth, ninth, or " tenth, and very frequently they were regular for more " than a quarter of a minute; ſhe had great anxiety, " palpitation of the heart and ſyncope. I could not " attribute theſe ſymptoms to any cauſe but inflammation " about

The blood taken away, commonly had the coagulable lymph ſeparated, forming what is called a buffy ſurface; but in ſome forms of the diſorder, this appearance was not perceived.

The ſtate of the inteſtines and kidnies, did not in general differ ſo much from that of health, as to require any remark.

Various, and even contradictory, as the forementioned ſymptoms appear, their right to be conſidered as belonging to the influenza, or at leaſt as having been cauſed by it, will, perhaps, be admitted, when it is obſerved, that this diſorder (as has been remarked of former epidemics) excited, and became complicated with, thoſe complaints to which the perſons affected were, from local ſituation, or conſtitution, moſt predispoſed (27). Very

" about the heart or its membranes; ſhe was accordingly bled; the blood was covered with a buff, and " ſhe was ſomewhat relieved by the operation; but as " the alarming ſtate of the pulſe continued, it was repeated, and in two or three days the pulſe became " more regular, the anxiety and ſyncope with extreme " weakneſs continued, but ſhe recovered gradually."

Dr. *Daniel, Crewkherne.*

(27) " Invalids ſuffered more than others, three of " them died, one of them had been ſubject to a pleu-

" riſy,

Very ſmall diſtances ſeemed ſometimes to make great alteration, both in the character and univerſality of the diſeaſe; even where there was no apparent difference with reſpect to ſituation; and it was obſerved by ſeveral, that the inhabitants of low ſituations, were more generally and more violently affected, than the inhabitants of high ones (28).

It

" riſy, a pleuroperipneumony finiſhed his life; and " indeed all diſorders to which people were ſubject, " were more or leſs ſtirred up by this aſiatic malady."
Dr. *Kirkland*, *Aſhby*.

" Few people ſubject to the gout have eſcaped " ſome attack of it, in conſequence of this complaint. " Conſumptions, aſthmas, and rheumatiſms, bear the " ſame date; it ſeems to have had the power of excit- " ing into action thoſe diſorders which lay dormant " before." Dr. *Ruſton*, *Exeter*.

" Pulmonic inflammations, hœmorrhages from the " noſe and lungs, rheumatic pains, &c. took place in " thoſe who were formerly ſubject to ſuch complaints; " and it was remarked, that in ſome inſtances affections " even of the abdominal viſcera, that had remained long " dormant, were reſuſcitated." Dr. *Meaſe*, *Strabane*.

" Particular diſeaſes incident to particular perſons were " often brought on by the influenza." Dr. *Biſſet*, *Knayton*.

(28) " One or two villages ſituated exactly as " others, where it was very general, eſcaped almoſt in- " tirely." Dr. *Leith*, *Greenwich*.

" In

It was alſo remarked that thoſe who were attacked later from the time of the appearance of the diſorder, commonly had it more ſeverely, and were longer ill (29): but this remark muſt not be applied to thoſe who ſuffered relapſes; as, in that caſe, it was frequently obſerved, that the latter attacks were milder than the former ones (30): and that they were not always ſo,

" In Merſea iſland, about eight miles diſtant from " hence, the inhabitants are much more ſubject to " pleuritic complaints than they are here. In that " place the epidemic was very general, and the ſymptoms were much more inflammatory than here, and " the pain in the ſide more fixed and violent."

Mr. *Newell*, *Colcheſter*.

" In low ſituations (making allowance for difference in conſtitutions) it appeared pretty much the " ſame, but upon high hills it was very ſlight and gave " little or no diſturbance." Dr. *Kirkland*, *Aſhby*.

Vide note 31. Dr. *Scott*, *Iſle of Man*.

(29) " Thoſe who were firſt ſeized had the diſeaſe in " a milder manner than thoſe who were later attacked."

Dr. *Leith*, *Greenwich*.

(30) " Some few ſuffered two or three relapſes, but " the ſucceeding attacks were in general mild, and of " ſhort duration." Dr. *Biſſet*, *Knayton*.

" Mr.

ſo, was perhaps, owing to ſome change in the ſtate of the patient, or of the weather; for, it is very certain that moſt perſons had the diſorder but once during its prevalence, and it ſeems probable that the ſame cauſe which renders the conſtitution not diſpoſed to receive it a ſecond time, ſhould alſo (cæteris paribus) render the ſecond attack leſs ſevere.

In ſeveral places, two, and in ſome, three, very diſtinct forms of the diſeaſe were obſerved, during its continuance; this alteration was by ſome imputed to changes in the ſtate of the weather (31); it muſt however be remarked, that in other places great

" Mr. S—— relapſed twice, though each attack " was lighter than the former." Mr. *Boys*, *Sandwich*.

(31) " After the influenza had continued ſome time, " the weather became hotter, and the ſymptoms were " different; the fever became remittent, and in ſome " intermittent." Dr. *Cleghorn*, *Dublin*.

" About the middle of June (three or four weeks " from its firſt appearance) it began to put on a more " formidable appearance, by attacking the lungs in " the ſhape of pleuriſy and peripneumony——about the " middle or end of July it began to abate, and to ap- " pear like an intermittent." Dr. *Petrie*, *Lincoln*.

" In

great alterations happened in the weather, during its prevalence, without any ſenſible change in the ſymptoms of the diſorder (32),

From

" In about three or four weeks from its firſt " breaking out, the diſorder, in many caſes, put on a " different appearance, for with ſome of the uſual " ſymptoms, the patient had ſtitches in the ſide, and " often alſo through the breaſt and trunk of the body, " but the pulſe was ſeldom or never hard. And ſome " few were ſeized with ſore throats which had in a " great meaſure the appearance of the common inflam- " matory one. About the laſt week of July (ſix or " eight weeks from the firſt appearance of the diſeaſe) " the fever ſeemed gradually to verge more towards the " low and putrid." Dr. *Scott*, *Stamfordham*.

" About the 20th of July (ſeven or eight weeks from " its firſt appearance) the diſeaſe began to put on " a different appearance, and the ſymptoms ſeemed to " partake more of the putrid than of the inflammatory; " the cauſes I aſſign for this change were, the inceſſant " rains for the preceding ſix weeks, which had intirely " covered the lower lands; and what confirmed me in " this opinion was, that the inhabitants of the flat " country ſuffered more than thoſe of the other parts " of the iſland." Dr. *Scott*, *Iſle of Man*.

(32) " Before and for ſome time after the invaſion of " the diſeaſe, the weather was wet and cold, and ſud- " denly became warm and dry, without any remiſſion " or other ſenſible effect being obſerved to follow." Dr. *Anderſon*, *Alnwick*.

" It

From what has been ſaid it is very clear, that the accidental ſymptoms, or thoſe ariſing from particular prediſpoſition, were in many caſes, ſtronger than the proper and ſpecific ſymptoms of the diſeaſe; and conſequently, it was frequently difficult, and ſometimes impoſſible, to diſtinguiſh thoſe caſes which really belonged to the influenza, from thoſe with which it was unconnected. The moſt general form of it was undoubtedly that of catarrh; and the great debility which followed its attack, and the rapidity with which its ſymptoms came on, (which in ſome inſtances was truly wonderful) ſeem to have been the moſt remarkable characters of it (33). When

" It continued in this place three or four weeks, " during which time the ſtate of the weather was very " variable, but I did not obſerve that the changes of the " atmoſphere had any ſenſible effects upon the ſymptoms of the diſeaſe." Dr. *Livingſton, Aberdeen.*

(33) " The ſymptoms commonly followed in very " quick ſucceſſion ſo that the diſeaſe was compleatly " formed in a few hours. But in ſome caſes the attack " was ſo ſtrong and ſudden, that there was not time " to diſtinguiſh the progreſs of the ſymptoms. This " happened where a great number of perſons was " crouded together, as on board the ſhips in our roads: " Captain

When the various ſymptoms with which, in different perſons, the diſorder was accompanied, are conſidered, it will eaſily be conceived, that the remedies for it ſhould alſo be very various; and that thoſe which ſeem to have given great relief in ſome caſes, ſhould in others, appear to have been very

" Captain Kelly, of the Fly ſloop of war, informs me, " that he weighed anchor about ten o'clock in the " morning with his crew (conſiſting of 145 men) but " before ſix, the ſame evening, forty were laid by; and " before the next morning he was obliged to return to " Yarmouth roads for want of hands to navigate the ſhip. " In this time he aſſures me that ſeveral of the men fell " directly from the wheel, and were obliged to be car- " ried below; and not a ſingle individual on board eſ- " caped. He ſays, they were ſeized almoſt inſtantane- " ouſly with a vertigo, ſtricture on the cheſt, ſickneſs " at the ſtomach, and cold ſweats. They all re- " covered." Dr. *Macqueen*, *Great Yarmouth*.

" The acceſſion of the diſeaſe was often inſtan- " taneous; perſons ſeemingly in perfect health were " ſuddenly attacked as it were with a violent cold, to " which ſucceeded head ach, running at the noſe, &c."

Dr. *Murray*, *Norwich*.

" In ſome families I have obſerved that thoſe who in " the morning were in perfect health, and laughing at " thoſe affected with the diſorder, have before night been " ſeized with all its ſymptoms." Dr. *Spence*, *Guildford*.

very improper. In many places the diſeaſe, though very general, was ſo ſlight that few caſes required any medical aſſiſtance (34). Indeed in moſt of the more mild and ſimple forms of it, a perſpiration generally came on ſpontaneouſly, ſoon after the patient was ſeized, which ſeldom failed to relieve the ſymptoms ſo much, that moſt phyſicians conſidered that evacuation as the natural cure; and conſequently, they thought proper to encourage it by tepid aqueous liquors, neutral ſalts, antimonials in ſmall doſes, &c. (35) — the ſtimu-

(34) "The mild appearance of the diſeaſe in this "town, and the little apprehenſion it inſpired, prevented my attendance on many patients."

Dr. *Macqueen*, *Great Yarmouth*.

"The diſeaſe hardly exceeding a common catarrh, "and in no inſtance proving fatal, made a phyſician's attendance unneceſſary."

Dr. *Frazer*, *Southampton*.

"I have heard of no inſtance of its fatality in this "neighbourhood; and but few caſes called for the "aſſiſtance of a phyſician."

Dr. *Morriſon*, *Woolverhampton*.

(35) "The cure in general was obtained in two or "three days, by lying in bed and keeping up a ſweat,

"by

ſtimulating diaphoretics, ſuch as contrayerva, wine whey, volatile alkali, &c.— were thought by ſeveral to aggravate the complaint (36).

But

" by plentiful dilution, ſaline draughts, or ſmall doſes " of emetic tartar." Dr. *Livingſton, Aberdeen.*

" La veritable criſe de ces maladies ſe faiſoit par le " moyen des ſueurs que les malades ont tous plus ou " moins eprouvés."

M. Vicq D'Azyr's Letter to Dr. Simmons.

" Before the miaſma was fixed and propagated in the " body, it was wholly carried off in ſeveral patients, " who kept in bed immediately after feeling the firſt " attack, by a large perſpiration. Other ſpontaneous " evacuations, by vomiting, looſeneſs or urine were leſs " frequent, and did not ſeem to procure ſuch immediate " and great relief, unleſs they were followed by a " ſweat." Dr. *Reimarus, Hamburgh.*

" Thoſe who ſweated moſt profuſely of their own " accord having been obſerved to be the ſooneſt re- " lieved, people when attacked were adviſed to lie " much in bed, and to promote ſweating by ſome mild " diaphoretic, and drinking plentifully of ſome dilut- " ing liquor, which regimen in many caſes removed " every complaint in a few hours, and ſeldom failed " to re-eſtabliſh health in a few days."

Dr. *Anderſon, Alnwick.*

" Certain it is that the evacuation by the ſkin ſeem- " ed to give the moſt immediate, and the moſt natural " relief." Dr. *Ruſton, Exeter.*

(36) " I obſerved that the ſtimulating ſudorifics as " pulv. Doveri, Camphor, Contrayerva, Serpentaria, " &c.

But in the more ſevere forms of the diſorder, other remedies became neceſſary, according to the nature of the ſymptoms. In many caſes, eſpecially in thoſe attended with pleuritic ſymptoms, bleeding was found beneficial, and the operation was ſometimes repeated with advantage, till a pretty large quantity of blood was taken away (37); but in other caſes, even where the

" &c. were to be avoided, as they irritated too much."
Dr. *Scott*, *Iſle of Man*.

Vide note 39. Dr. *Campbell*.

(37) " Some of the patients whom I viſited had a " conſiderable degree of fever, and tendency to deli- " rium, and were much relieved by bleeding pretty " largely; their blood was, for the moſt part, viſcid and " inflammatory." Dr. *Livingſton*, *Aberdeen*.

" The mode of treatment which I adopted and " which I found ſucceſsful, was the early uſe of the " lancet, which was ſometimes employed more than " once, and from which, except in one inſtance, I " always perceived manifeſt advantage."
Mr. *Wilmer*, *Coventry*.

" When the fever ran high, with plethoric " ſymptoms, bleeding was of evident uſe; but many " who had pretty ſevere attacks did very well without " it, and it is ſaid that ſome received injury by too " liberal a uſe of the lancet." Dr. *Murray*, *Norwich*.

Vide note 20, Dr. *Daniel*.—— Note 25, Dr. *Leith*.——Note 39, Dr. *Campbell*.

(38) " Bleed-

the ſymptoms were nearly ſimilar, and the appearance of the blood was ſuch, as is generally ſuppoſed to juſtify the operation, it was thought, not only, that it did not relieve the complaint, but that it actually was prejudicial (38).

And

(38) " Bleeding, which was often practiſed in this " place when the diſorder firſt appeared, did not afford " the advantage expected from it. It is acknowledged " that the tightneſs on the thorax, and the violence of " the head ach, were frequently relieved; yet the diſ- " order was not ſhortened in its duration, nor the " cough in any degree moderated. I experienced this " more particularly in my own caſe being among the " firſt perſons attacked, and conſidering that I am re- " markably ſubject to catarrhal affections, which bleed- " ing never fails to relieve, I choſe to ſubmit to the " loſs of eight or ten ounces of blood. The violence " of the head ach, and the ſtricture on the thorax I " imagined were immediately abated, but the cough, " heat of the fauces and coryza, did not yield until I " had perſpired two or three days in bed. The reports " of my correſpondents in the country afford ſtill " ſtronger teſtimonies againſt the propriety of bleeding."

Dr. *Macqueen*, *Great Yarmouth*.

" Bleeding in general anſwered no good purpoſe, " nay ſome were evidently hurt by it."

Dr. *Flint*, *St. Andrew's*.

" Bleeding ſunk the patient much, and if repeated " proved fatal, indeed I heard of none dying but by " the imprudent uſe of the lancet."

Dr. *Paterſon*, *Margam*.

And ſome, who are very ready to teſtify the relief obtained by bleeding, think the neceſſity of it generally aroſe from the wine, volatiles, &c.—which had been given in the beginning of the diſorder, in order to encourage perſpiration (39).

Among

" Thoſe who had peripneumonic or pleuritic ſymptoms I was induced to bleed, but this operation did not relieve them." Mr. *Newell*, *Colcheſter*.

" Although the blood had always a ſtrong thick buff upon it, few or none could bear the loſs of much blood, for it was evident that the patient ſunk under it." Dr. *Petrie*, *Lincoln*.

" Bleeding was practiſed in my opinion, oftener than it was really neceſſary or ſerviceable. Though it generally relieved the ſymptoms, it appears to me to have often protracted the cure, and to have added conſiderably to the ſubſequent debility."

Dr. *Houlſton*, *Liverpool*.

" It was almoſt generally obſerved that bleeding did more harm than ſervice." Dr. *Reimarus*, *Hamburgh*.

(39) " People in general were their own phyſicians, giving wine whey, volatiles, and the like, to encourage perſpiration; but where they failed to excite a profuſe ſweat, the ſymptoms were all aggravated, and the diſorder converted into a violent inflammatory fever, with all the marks of pulmonic or phrenetic inflammation; and I do not remember to have ſeen more ſtrong marks of inflammatory diatheſis, than in ſome

" of

Among thoſe to whom bleeding was generally thought neceſſary, may be reckoned pregnant women (40); but upon the whole,

" of thoſe caſes, nor where the relief obtained from " large and repeated bleeding was more ſenſible and " immediate, yet on account of the general ſmall- " neſs of the pulſe, and the relief obtained by perſpira- " tion properly encouraged, I never had occaſion to " take away blood, unleſs the fever had been augmented " by ſome of the above means, or other imprudent con- " duct, or where the pain in the ſide or breaſt indicated " a particular determination to the lungs."

Dr. *Campbell*, *Lancaſter*.

(40) " I was called in the month of June to ſeven " women in different ſtates of pregnancy, who had all " ſevere ſymptoms of the influenza, and moſt of whom " had more or leſs tendency to a miſcarriage, or pre- " mature labour. This event however took place only " in one of that number; a weak, timid lady, who " was ſeized when 30 miles from London, and haſten- " ing thither was delivered twenty-four hours after " her arrival, at the end of the eighth month of her " pregnancy. Three were apparently prevented from " miſcarrying by bleeding and opium. Three others " were relieved by opiates, but had no occaſion for " bleeding; an evacuation which the diſeaſe in its " milder ſtate did not ſeem to require; yet it was " perhaps more frequently neceſſary to pregnant " women than to any other claſs of patients. " And when the violence of the ſymptoms rendered " this evacuation neceſſary, it was remarked by my- " ſelf and other practitioners, that the weakeſt and " moſt timid patients, ſuſtained very large and repeated " bleedings, without either being much debilitated or

ſuffering

whole, it ſeems very certain, that though, in ſome caſes, it was of conſiderable ſervice, yet they were for the moſt part ſuch as cannot be ranked amongſt the ſimple and unmixed forms of the diſeaſe, in thoſe, there ſeems great reaſon to believe that it was moſt commonly unneceſſary, and frequently hurtful.

Emetics do not appear to have been very generally uſed, but all who did employ them, concur in opinion, that they were of great ſervive; not only where there was reaſon to ſuſpect an accumulation of mucus in the bronchial ramifications, but alſo where they were given chiefly with a view to aſſiſt in producing a ſpeedy and copious perſpiration (41).

Ex-

" ſuffering abortion. An event which frequently " happens after ſuch large evacuations, as has been ob- " ſerved ever ſince the time of Hippocrates."

Dr. *Garthſhore.*

(41) " In two or three caſes of extreme danger, " when the collected phlegm threatened ſuffocation, " gentle emetics ſeemed to reſcue them from death."

Dr. *Gleghorn, Dublin.*

" Emetics gave great relief to all the ſymptoms."

Dr. *Flint, St. Andrew's.*

Expectorants ſeem to have been very ſeldom given; expectoration not having been in general conſidered as the natural cure for the peripneumonic or pleuritic ſymptoms attendant on the influenza, as it is for the real peripneumony or pleuriſy; indeed ſome phyſicians remarked that they ſaw no inſtance of a ſolution by expectoration (42); there were, however, ſome caſes, in

"An emetic early adminiſtered and followed by "frequent draughts of warm diluting liquors, ſeldom "failed of promoting a profuſe perſpiration, which, if "properly kept up in bed, removed the whole diſeaſe "in a few days." Dr. *Macqueen, Great Yarmouth.*

"Emetics given early contributed greatly to the "ſpeedy recovery of the patient."
Mr. *Henry, Manchester.*

"An emetic, and promoting moderate perſpiration, ap-"peared to anſwer beſt to bring about an eaſy and ſpeedy "termination of the diſeaſe." Dr. *Houlſton, Liverpool.*

"Emetics at firſt, and afterwards antimonials, re-"lieved very much. In ſome caſes I found a repetition "of the emetic two or three times of great ſervice."
Mr. *Newell, Colcheſter.*

(42) "I thought it not a little remarkable that I "met with no inſtance of a ſolution by expectoration; "even when it aſſumed the form of peripneumony."
Dr. *Meaſe, Strabane.*

in which that evacuation took place to a great degree, and was thought to be the natural cure of the diſorder (43).

Bliſters were applied to various parts with good effect; when there was pain in the breaſt or ſide, the application of them to the part affected was found very beneficial; it was frequently thought proper to keep them open for ſome time, and it was in ſome caſes remarked, that a ſecond bliſter applied ſome days after the firſt, produced great relief when the firſt had failed to do ſo (44).

(43) "Expectorants, ſuch as the oxymel, or ſyr. ſcil-
" liticus, joined with antimonials, and when the cough
" was troubleſome, ſome el. paregor. or ſyr. e mecon.
" were very ſerviceable; indeed expectoration ſeemed
" to be the natural cure, and I encouraged it moſt
" diligently. In three caſes the expectoration was in-
" conceivably great, the patients ſpitting two or three
" pounds of an extremely viſcid mucus in 24 hours.
" This continued for ſeveral days, and abated gradu-
" ally, leaving them in a very emaciated ſtate."
Mr. *Newell, Colcheſter.*

" Ceux qui avoient été incommodés de la toux finiſ-
" ſoient par expectorer des matieres epaiſſes et viſ-
" queuſes." *M. Vicq.* D'*Azyr to Dr. Simmons.*

Vide note 25—Dr. Leith.

(44) " Bliſters on the ſide and legs were ſervice-
" able, and according to a remark of Dr. Sims, I
" found

Opiates were a common remedy with moſt phyſicians, and they all agree in teſtifying their great uſe; particularly in mitigating the cough, which was in many caſes, the moſt troubleſome and tedious ſymptom of the diſeaſe (45).

Gentle laxatives were frequently uſed with advantage in the beginning of the complaint.

" found the ſecond bliſtering of great uſe when the " advantage from the firſt had not been very obſervable."
Dr. *Cleghorn*, *Dublin*.

" I found bliſters moſt eminently ſerviceable, parti- " cularly applied to the thorax and legs, and generally " kept a ſmall part of the bliſter open for many days " with remarkable ſucceſs." Dr. *Petrie*, *Lincoln*.

" Bliſters on the ſide or breaſt immediately over the " part affected, never failed to relieve moſt effectually."
Mr. *Newell*, *Colcheſter*.

(45) " Opiates became a favourite remedy with " moſt of our practitioners. An anodyne given at night " ſeldom failed to allay the cough, and at the ſame " time to promote perſpiration."
Dr. *Macqueen*, *Great Yarmouth*.

" Opiates (after emetics) generally put all the " ſymptoms to flight. Dr. *Flint*, *St. Andrews*.

" If the cough was troubleſome at night, about " twenty drops of tinct. theb. were of great ſervice.
Dr. *Campbell*, *Lancaſter*.

" When the cough was violent, opiates were neceſ- " ſary and uſeful." Dr. *Cleghorn*, *Dublin*.

complaint, eſpecially where there was a diſpoſition to coſtiveneſs; ſtrong purges do not appear to have been often given; and from general obſervation reſpecting the effect of bleeding, there is reaſon to think, they would in moſt caſes have been prejudicial.

On account of the great debility which ſeldom failed to accompany or to follow the diſorder, bark and cordials were frequently neceſſary, eſpecially towards the cloſe of it (46), and though (as was before obſerved) wine was thought in moſt caſes to be hurtful, there were ſome in which it was abſolutely requiſite, even in the courſe of the diſeaſe (47). Bark was alſo given with advantage where the fever became remittent or

(46) "In ſome perſons, after the febrile ſymptoms "had abated, a great degree of debility ſuddenly ſuc-"ceeded, and it was neceſſary to give bark and "cordials to thoſe who a few hours before required "a contrary treatment." Mr. *Wilmer*, *Coventry*.

(47) "In ſome caſes the weakneſs was ſuch that "notwithſtanding the cough and pain in the ſide, wine "was abſolutely requiſite to ſupport the ſtrength and "enable them to expectorate." Dr. *Cleghorn*, *Dublin*.

"At

or intermittent (48), or where there were ſymptoms of putreſcence (49).

The termination, or conſequences of this diſorder, were like every other part of it, extremely various. In many places not one inſtance of fatal termination was obſerved (50), in others, the number of deaths cauſed

" At firſt I forbid all cordial diet, but finding ſome " of them ſink early (vide note 35) I allowed them " a more full diet; many of them craved much for " wine, and I think ſome were ſaved by allowing it " them freely." Dr. *Leith, Greenwich.*

(48) " When the fever became remittent or inter- " mittent it was cured by the bark.".
Dr. *Cleghorn, Dublin.*

(49) " In ſome of thoſe caſes which did not termi- " in 48 hours, it ran on till it became putrid, and re- " quired to be treated as a putrid fever; and even " when this was not the caſe, the debility and proſtra- " tion of ſtrength were often ſo great as to require " bark.". Dr. *Ruſton, Exeter.*

" In the laſt ſtate of the diſorder (vide note 31) the " vis vitæ required to be ſupported by proper nouriſh- " ment, and particularly by a liberal uſe of old rheniſh " wine, and claret diluted with water; bark, " bliſters, &c." Dr. *Scott, Iſle of Man.*

(50) " I do not know that in any inſtance it proved " fatal here." Mr. *Wilmer, Coventry.*

" The diſorder did not prove fatal to any in this " neighbourhood." Dr. *Renny, Newport Pagnel.*

" It

cauſed by it was not very ſmall (51); but that number can hardly be determined with preciſion, on account of the difficulty (in complicated caſes) of aſcertaining the diſorder, on which ſame account it is probable that more deaths are generally aſcribed to an epidemic than it really occaſions.

In

" It did not prove fatal to any in this place."
Dr. *Livingſton*, *Aberdeen*.

" I do not know of any that could be ſaid to have " died of it, and there appeared no material difference " in the bills of mortality." Dr. *Murray*, *Norwich*.

" None died here except a few who had been pre- " viouſly afflicted with other diſorders."
Dr. *Reilly*, *Monmouth*.

Vide note 34, Dr. *Morriſon*; ditto Dr. *Fraſer*.

(51) " It carried off many old people of this town, " and even many of the younger who laboured under " pulmonary complaints, by precipitating them into " galloping conſumptions." Dr. *Petrie*, *Lincoln*.

" In the laſt ſtate of the diſeaſe (vide note 31) I " loſt ſeveral patients." Dr. *Scott*, *Iſle of Man*.

" Four or five died with ſymptoms of pleuriſy " (vide note 20) and ſeveral have died hectic."
Dr. *Daniel*, *Crewkherne*.

" I did not loſe any, but have been informed of " ſeveral who died with ſtrong marks of putrefaction."
Dr. *Raſton*, *Exeter*.

Vide note 25.——Dr. Leith.

In London ſeveral pregnant women miſcarried in conſequence of it, and ſome of them died.

In general, a great weakneſs remained after the diſeaſe, and the cough was ſometimes troubleſome for ſome weeks; but, though from the nature of the ſymptoms it was with reaſon apprehended, that pulmonary conſumptions would be produced in conſtitutions which ſeemed prediſpoſed to them, very few ſuch inſtances were obſerved (52), in many places not one (53).

In

(52) "Of 178 perſons who fell under my obſervation in this complaint, all are perfectly recovered except three women, their coughs ſtill continue and ſeem to have laid the foundation of pulmonary conſumption." Dr. *Campbell*, *Lancaſter*.

Vide note 51, Dr. Petrie,—ditto Dr. Daniel.

(53) "I know not one inſtance of the diſorder terminating in a phthiſis, I cannot therefore think that much of the inflammatory diathesis attended it, or that it is in general an attendant upon epidemic diſorders." Dr. *Flint*, *St. Andrews*.

"I have met with no conſumptions in conſequence of this complaint." Dr. *Kirkland*, *Aſhby*.

"The poorer inhabitants of this place are much ſubject to pulmonary conſumption, but I cannot learn, though I have directed my attention to this point,

In ſome perſons, dropſical or paralytic complaints followed the diſorder (54); a very particular kind of atrophy was in one place obſerved after it, and ſuſpected to be the conſequence of it (55); and ſymptoms of mania were ſometimes produced by it, where

" point, that they have been more ſo ſince the late " diſeaſe." Mr. *Wilmer*, *Coventry*.

" Conſumptions were apprehended in habits diſ- " poſed to them, but no ſuch event was obſerved to " happen in any caſe." Dr. *Anderſon*, *Alnwick*.

" It did not in any caſe within the circle of my obſer- " vation degenerate into pulmonary conſumption." Dr. *Biſſet*, *Knayton*.

(54) " In ſome aged perſons, dropſical and paralytic " complaints ſoon ſucceeded the epidemic." Dr. *Campbell*, *Lancaſter*.

" In thoſe patients who had been injudiciouſly " treated by loſing too much blood, the diſeaſe was apt " to run out to a great length of time. In two or three " of theſe caſes the legs became œdematous with ful- " neſs in the belly, but they were cured by proper " ſtrengtheners." Dr. *Scott*, *Iſle of Man*.

Vide note 55; Dr. Daniel.

(55) " Since writing the account of the late influ- " enza, and deſcribing as far as they were then known " its effects in this neighbourhood, we have had reaſon " to ſuſpect that it has produced others very different " from any of thoſe I mentioned. There have been, " during

where no prediſpoſition to that complaint could be traced (56); two inſtances of which occurred to Dr. Simmons at St. Luke's Hoſpital. In a few caſes however it appears not only that it left no diſorder behind it, but that it actually removed ſome, which the perſons affected laboured under before its attack (57).

From

" during the winter, and there are now (March 15, " 1783,) many in a ſtate of atrophy without any " ſymptoms of hectic or even any other apparent " diſeaſe; a want of ſtrength and a waſting of the fleſh " are the only circumſtances which call for attention; " the appetite in the beginning is good, and they are " much ſurprized at their loſing both ſtrength and " fleſh whilſt the food they eat ſeems more than ſuffi- " cient to ſuſtain both. There is very ſoon a yellow- " neſs upon the ſkin, but without the leaſt reaſon to ſuſ- " pect that the liver is at all injured. The patients are " for the moſt part coſtive, though now and then they " complain of a diarrhœa; at length the appetite fails, " there is a ſickneſs and loathing of food, the ſymptoms " of debility increaſe faſt, the pulſe which was little " altered at firſt becomes very quick and very feeble, " and now there are ſometimes tranſient paroxyſms of " fever, like thoſe of hectic, and in this manner the " ſcene cloſes. I have ſeen two or three inſtances " where the ſame ſymptoms terminated in dropſy."

Dr. *Daniel, Crewkherne.*

(56) " A few who were long in recovering had a " ſlight mania for ſome ſhort time, and one is not yet " perfectly reſtored, they were all females."

Dr. *Petrie, Lincoln.*

(57) " I have met with more than one inſtance in " which a change for the better was produced in the con- " ſtitution

From the foregoing deſcription it is plain that the diſorder here treated of differed very eſſentially from the common catarrh. With regard to its ſymptoms, the debility which always accompanied it, and the rapid manner in which it was formed were the moſt obvious and ſpecific diſtinctions. In its cure, it is certain that it did not in general bear the loſs of blood ſo well as the common catarrh, of which the caſe of Dr. Macqueen (ſee p. 32) is a clear and ſtriking inſtance; and with reſpect to its conſequences it ſeems pretty certain, that though pulmonary conſumptions were ſometimes produced by it, the number of them was much ſmaller than would have happened if an equal number of perſons had been equally affected with common catarrh.

Different opinions have been entertained reſpecting the manner in which this diſeaſe was

"ſtitution of the patient. One lady in particular who "had for two or three years been afflicted with a bad "cough, pain in her ſide, &c. and who I feared would "have had all her complaints aggravated by the influ- "enza, recovered ſpeedily, and has enjoyed a much "better ſtate of health ſince that period."

Mr. *Henry*, *Mancheſter*.

was produced and propagated. Some phyſicians thought it aroſe ſolely from the ſtate of the weather; in other words, that it was a common catarrh, occaſioned, as that complaint frequently is, by changes in the ſenſible qualities of the atmoſphere, ſuch as the increaſe of cold, or moiſture; and conſequently they ſuppoſed it unconnected with any diſorder that had prevailed, or did at that time prevail, in any other part. Others, admitted its cauſe to be a particular and ſpecific contagion, totally different from, and independent, of the ſenſible qualities of the atmoſphere, yet thought that cauſe was conveyed by, and reſided in the air. But the greateſt number concurred in opinion, that the influenza was contagious, in the common acceptation of that word, that is to ſay, that it was conveyed and propagated by the contact, or at leaſt by the ſufficiently near approach, of an infected perſon.

It appears from the Journal de Medecine that the Faculté de Medecine at Paris were of the firſt opinion; at their Prima Menſis, the cauſe of La Grippe, as the Epidemic

was

was commonly called, is aſcribed to, *les variations de l'atmoſphere* (58).

At Venice alſo ſeveral phyſicians ridiculed the common name of the diſeaſe, (Ruſſian catarrh) and thought the changes of the weather ſufficient to account for it; obſerving, in ſupport of their opinion, that the thermometer had ſunk no leſs than ten degrees of Reaumur's ſcale, (more than 22 of Farenheit's) between the 17th and 19th of July, about which time the diſorder firſt appeared at that place. Other Italian phyſicians, however, were of a contrary opinion, and one (the Chevalier Roſa, of Modena) has publiſhed a treatiſe upon it, in which, it is ſaid, he ſtrongly and ably contends, that it was contagious (59).

At

(58) " Cette cauſe en effet paroit ſuffiſante, ſans " aller chercher des rapports entre la grippe dont nous " parlons, et l'epidemie qui a parcourue les pays froids, " ou celle qui regne actuellement en Angleterre ſous le " nom d'Influenza."

Journal de Medecine for Auguſt 1782.

(59) " Nos medecins rioient beaucoup ſur cette de- " nomination vulgaire (Catarrhe Ruſſe). En effet on " a remarqué que les variations du thermometre furent " aſſez remarquables dans les mois de Juin, Juillet et " Aout;

At the firſt appearance of the diſorder, before its character had been attentively obſerved, or its progreſs traced, it was in ſome meaſure excuſeable to aſcribe it to cauſes, which, however inadequate to the effect, were the only ones that preſented themſelves to the imagination; but at preſent, when its character has been ſo well aſcertained, and its progreſs from Ruſſia to England, and from thence to the ſouth of Europe, has been ſo clearly traced, and is ſo generally acknowledged, it would be ſuperfluous to endeavour to prove, that which every one admits; or, ſhould any one think argu-

ments

" Aout; ſur-tout du 17 au 19 Juillet le thermometre avec
" l'echelle de Reaumur a baiſſé 10 degres et c'eſt de ce
" tems que commença cette maladie. Les alternatives
" de chaud au froid furent donc ſelon nos medecins
" la ſeule cauſe de ce rhume qui s'eſt repandu dans peu
" de jours parmi les gens de tous les ordres et de toutes
" les conditions. Tous les medecins de l'Italie ne
" penſent pas comme ceux de Veniſe ſur cette affaire;
" le Dr. Gallicio de Vicenza, et le Dr. Sarga de Ve-
" rone, pretendent que cette influence ait eté une verita-
" ble peſte, ou une maladie contagieuſe. Le Cheva-
" lier Roſa, profeſſeur à Modene, a donné à cette occa-
" ſion un traité dans lequel il etablit que notre maladie
" etoit contagieuſe."

Letter from Dr. Gallini, of Venice, to Dr. Gray.

ments ſtill wanting to ſhew that the late influenza was not a common catarrh, produced by the changes of the weather, he will find many of that ſort in the ſubſequent part of this account.

But though the idea that the influenza originated in this part of the world, from changes in the ſenſible qualities of the atmoſphere cannot be admitted, it muſt be allowed that the ſtate of the weather may have had ſome power in altering or aggravating its ſymptoms, yet the inſtances abovementioned (ſee p. 26) of changes in the weather without any alteration being perceived in the diſeaſe, give reaſon to doubt whether that power was ſo great as ſome have ſuppoſed it; and with reſpect to the weather previous to the appearance of the influenza, it is remarkable, that though in moſt parts of England it had been uncommonly cold and wet, it had, in other parts of the world, where the diſorder was equally general, been very dry (60).

Others

(60) "The weather had been very dry with us, "whereas in England it had been very rainy."

Dr. *Reimarus, Hamburgh.*

Others, as was before obſerved, were of opinion, that the cauſe of the diſeaſe, however different it might be from the ſenſible qualities of the atmoſphere, was yet conveyed by the air, from place to place (61); and one gentleman who ſeems to

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(61) Upon the whole, does it not appear that this "diſorder was owing to infectious particles conveyed "in the air? for, if it had been occaſioned by any "particular ſtate of the air, ſuch as heat, or cold, "dryneſs or moiſture, it would have ſhewn itſelf only "where ſuch a temperature of air prevailed. Whereas "if it took its riſe in China as has been aſſerted, it "is plain the ſeeds of it were ſomething permanent, "that could not be altered by paſſing through different "climates; for though they might produce more vio-"lent effects in one place than another, yet this was "probably owing to difference in ſituation or conſti-"tution. The materia morbi of the plague, has "never, to my knowledge, been able to extend itſelf "through different countries acroſs the ocean, unleſs "concealed from the air in cotton, or ſuch like ſub-"ſtances. On the contrary, the cauſe of this malady "ſhewed its effects in the open air at ſea, and landed "without its miſchievous properties being diminiſhed."

"I believe contagious miaſmata ſeldom, if ever, "produce their effects by entering the vaſa inhalantia "on the ſurface of the body where the cuticle is not "removed. I apprehend they more commonly make "their way by the primæ viæ, the lungs, or other ex-"ternal paſſages; but though the eyes, noſtrils and "mouth are always alike open to the effects of the air, "yet we daily ſee it ſeize ſometimes one and ſometimes another,

to be of that opinion, has given ſome reaſons in ſupport of it, but candidly confeſſes at the ſame time, that he ſees many objections to them (62). Another gentleman who acknowledges, that upon the whole, he thinks the diſorder was contagious, relates ſome circumſtances which occaſioned doubts in

" another, as ſore eyes, coryzas, coughs, peripneu-
" monies, ſore throats, and epidemic dyſenteries, &c.
" evince. Whereas in this inſtance it affected the
" whole, becauſe all the paſſages were diſeaſed at the ſame
" time and ſhewed ſigns of being irritated. But the irri-
" tating cauſe was of that kind which does not bring
" on any conſiderable degree of inflammation; for,
" though there was a flux of humours, neither the eyes,
" noſtrils or throat were much inflamed; often no in-
" flammation appeared, and it is reaſonable to ſup-
" poſe, the parts about the lungs were in the ſame
" predicament; for the ſymptoms of ſpurious perip-
" neumony, tending a little towards inflammation com-
" monly affected the patient. The materia morbi,
" however, manifeſtly brought on debility, præter-
" natural irritability, and weakened nervous energy,
" as the ſymptoms deſcribed evince, which effects are
" very frequently united by the ſame cauſe."

Dr. *Kirkland, Aſhby.*

(62) " I am doubtful if with us its prevalence can be
" attributed to the contagion that ariſes from one
" diſeaſed human body pervading and generating
" the ſame in another. Elſe how ſhould many be
" ſeized without any previous communication with-
" the

in his mind (63). Without pretending to decide ſo intricate and difficult a queſtion, ſome obſervations may, it is preſumed, be made upon the arguments adduced in ſupport of this opinion.

They are the following: 1ſt. That thoſe moſt expoſed to the weather were generally the firſt perſons attacked. 2dly. That many had the diſorder without having

" the diſeaſed? how ſhould thoſe moſt expoſed to the " weather be the firſt ſufferers? or how ſhould I and " others have eſcaped when ſurrounded by a houſe " full of invalids. But this is ſpeculation and I fore- " ſee many objections to this opinion."

Dr. *Frazer*, *Southampton*.

(63) " Though the influenza is generally acknow- " ledged to have been contagious, ſome circumſtances " have led me to be rather ſceptical, though on the " whole I am inclined to be of that opinion. I think " I have ſeen whole families ſeized with it at once, " when few if any of them have been expoſed to in- " fection. A lady died this year whoſe diſorder I now " believe to have been the influenza, at leaſt a fort- " night before it became prevalent here, and who, not " having been out of her room for many months, had " been expoſed to no contagion. A clergyman, a few " miles from this town, alſo aſſured me, that he had " the influenza about the ſame time, without having " had any communication with, or having heard of " any other perſon who was ill of it."

Mr. *Henry*, *Mancheſter*.

having had any communication with a diſeaſed perſon. 3dly. That ſeveral eſcaped, though ſurrounded by perſons ill of the diſeaſe. 4thly. That ſome *whole families* were ſeized at *once*. 5thly. That ſome perſons had the diſorder a week or fortnight before it began to be taken notice of as a general one.

The firſt argument, that thoſe moſt expoſed to the weather were generally the firſt perſons attacked, is ſurely by no means in favour of the opinion that the cauſe of the diſorder reſided in the air; for if it had reſided there, what ſhould have prevented thoſe who ſtaid at home from being infected; ſince the air they breathed muſt neceſſarily have been the ſame as that breathed by thoſe who went out; but if on the other hand a communication with ſome infected perſon was neceſſary to produce the diſtemper, it is very clear that thoſe who went out of doors and mixed with the world were more likely to get it, than thoſe who did not ſtir from home.

Before the ſecond argument, viz. that many were attacked without having had any communication with a diſeaſed perſon,

can be allowed to have any weight, it muſt be clearly proved, not only that the perſons themſelves had not had any ſuch communication, but alſo, that no perſon who had been near them had previouſly been where the diſorder exiſted; for as it is generally admitted that a perſon who has had the ſmall pox, can yet convey the infection of that diſeaſe from a perſon ill of it to one who has not had it, ſo by parity of reaſoning, it will ſurely be allowed that a perſon not actually labouring under, or not at that time ſuſceptible of, the influenza, could, (if the diſorder were contagious) carry the infection of it from one place to another.

From the third argument, that many eſcaped though ſurrounded by diſeaſed perſons, no inference of any conſequence to the preſent queſtion can be drawn; it being certainly, juſt as eaſy to ſay, why they eſcaped when ſurrounded by diſeaſed perſons, as why they did ſo, when ſurrounded by the ſame air which had cauſed the diſeaſe in thoſe perſons.

With reſpect to the fourth argument, that ſome *whole families* were ſeized at

once,

once, without having been expoſed to infection, it may be remarked that what has been ſaid in anſwer to the ſecond argument being conſidered, it will be very difficult to prove that they were not expoſed to it; and equally difficult to give any reaſons why, if the exciting cauſe of the diſorder reſided in the air, any whole family ſhould have been affected by that cauſe, rather than an equal number of perſons in divers families; but if we ſuppoſe the diſeaſe to have been propagated by perſonal intercourſe, it is very eaſy to conceive in what manner it may have been communicated to ſome whole families at the ſame time.

In anſwer to the laſt argument, that ſome perſons had the diſorder a week or a fortnight before any others were known to have it, it might be ſufficient to obſerve, that the gentleman who mentions thoſe facts, thinks them of no great weight, ſince he ſays, that upon the whole, he thinks the diſeaſe was contagious; but, admitting thoſe caſes to have been really the influenza, the ſuppoſition that the cauſe of it exiſted in the air, will not render it more eaſy to explain why thoſe

perſons only, ſhould at the time have been affected by that cauſe.

Of thoſe gentlemen who have favoured the ſociety with their opinions on the nature of the influenza, by far the greateſt number agree in thinking it was contagious, according to the common meaning of that word (64). One

(64) "I have no ſhadow of doubt that the diſorder was contagious; and am certain, I myſelf received the infection from a ſmall trunk of wearing apparel which came from Dublin, where it then raged. I may add, that this was the firſt introduction of it into this town. Dr. *Meaſe*, *Strabane*.

"The diſorder was brought here by ſome travellers from Edinburgh, and in a few days became general." Dr. *Livingſton*, *Aberdeen*.

"That it was infectious I have no doubt, having frequently remarked with how much facility and diſpatch it communicated itſelf from one to another, amongſt thoſe who were within the ſphere of its activity." Dr. *Ruſton*, *Exeter*.

"Mr. S. Mr. B. and myſelf, were taken ill at London (May 16) and whether we brought the diſeaſe into the country with us I know not, but our families were all affected by it immediately, and it became general in about ten days." Mr. *Boys*, *Sandwich*.

"The diſeaſe, in its ſlow and gradual progreſs towards this place, and ſubſequent rapid and general diffuſion, bears ſo perfect an affinity to other contagious diſeaſes, that it has left no doubt with me that it is to be conſidered as of that claſs. Although

One of the arguments made uſe of to ſupport that opinion, is deduced from the debility which ſo early, and ſo conſtantly attended the diſeaſe, and from the rapid ſucceſſion

" though we had heard of its prevalence at Liverpool " and other places, a week before, we had no marks " of it here until the time of our races, when it ſoon " became general; probably the great afflux of people " from the places where it was prevalent, many of " whom were labouring under it, might introduce it."

Dr. *Campbell*, *Lancaſter*.

" The univerſality, with the ſudden debility and " great laſſitude which always accompanied its firſt " attack, early and peculiarly marked it as a catarrhal " affection from contagion." Dr. *Spence*, *Guildford*.

" Many reaſons combine to make us think it " was propagated by contagion; to avoid being " tedious, I ſhall only mention the following; ſome " few families in the town, many in the country round, " and even ſome villages, remained totally free from it. " Whenever one in a family caught it, in general, " the major part or the whole of that family took it. " I think, and ſo do others, that the time and manner " in which it has been communicated, can, in ſome " inſtances be traced; and that in ſitting near an in- " fected perſon, an irritation of the mucous membrane " of the noſe was ſenſible, ſuch as is produced by " the duſt of pepper, and which ſneezing tended to " remove. We had heard of it, and it had prevailed " in London ſometime before it appeared amongſt us, " and we know of ſome perſons who arrived here from " thence, labouring under it. To this I might add,

" that

ſucceſſion of its ſymptoms; thoſe circumſtances however, are by no means deciſive, and allowing them to give ſome weight to the opinion that the diſorder was contagious,

"that a lady returning to Kirkham (about 30 miles "from hence) was ſeized with it juſt before her de- "parture, and though I would not aſſert that ſhe "conveyed the complaint thither, yet I believe it is "certain, that no one had been attacked with it there "before her arrival, and that it became very general "ſoon afterwards." Dr. *Houlſton, Liverpool.*

"I am inclined to believe, that the late influ- "enza was communicated by human effluvia, and not "by any matter generated in the atmoſphere alone. "What I have myſelf ſeen of the diſorder, the whole "tenor of the reports I had from others, and the ana- "logy it bears to other contagious diſorders, all lead to "this concluſion: not to mention the difficulty of ac- "counting for ſuch a peculiarity in the atmoſphere; "its occurring ten or twelve times in the courſe of a "century at no regular or certain periods; and that no "naturaliſt has yet been able to aſcertain in what "this atmoſpheric matter conſiſts. I would not, how- "ever, be underſtood to ſpeak with confidence on the "ſubject, nor do I deny that a certain condition of the "atmoſphere may not poſſibly favour the propagation "of the effluvia from their firſt ſource: the exten- "ſive progreſs of the diſeaſe over ſo large a portion of "the globe, will be thought to favour ſuch an opinion. "I only aſſert, that the analogy between the ſymptoms "of the influenza and thoſe produced by contagious "effluvia, is, in every reſpect, uniform and compleat.

"It

gious, they do not at all aſſiſt in determining whether the contagion was conveyed by the air, or by perſonal intercourſe.

If the common and general progreſs of the influenza be taken into conſideration, it

"It may be obſerved alſo, that the greater number of "contagious diſeaſes are evidently attended with a ge- "neral debility; and that this debility not only riſes "to a greater degree, but is alſo more ſuddenly in- "duced than in all other diſeaſes, (if there are any ex- "ceptions to this remark, it is only in reſpect to thoſe "few diſeaſes that attack but once in life, as the ſmall- "pox, meaſles, and hooping cough.) And I never heard "an inſtance of men falling down ſo ſuddenly, and "with ſuch a train of ſymptoms as I mentioned on "the authority of Capt. Kelly, (ſee page 28) but "where contagion was ſuppoſed to be the cauſe. Ano- "ther remark occurs to me on the ſubject of contagion "which I do not remember to have met with in me- "dical writers. It is this, that contagious effluvia have "a natural tendency to lodge in the mucous mem- "brane of the body, and exert their greateſt force in "thoſe parts. I do not venture this as an univerſal "poſition, but I have no doubt of its being very ge- "neral. Beſides its application to the influenza; the "meaſles, hooping cough, malignant ſore throat, dy- "ſentery in all its forms, the gonorrhœa, and perhaps "the ſmall-pox are all ſtrong confirmations of it; even "the ſlow, nervous, and putrid fevers are often accom- "panied with affections of the throat and lungs; and "a cough and expectoration are frequent ſymptoms to- "wards the criſis of ſuch diſorders.

Dr. *Macqueen*, *Great Yarmouth*.

it will certainly be found to favour the opinion, that the diſeaſe was propagated by perſonal intercourſe; it was in general obſerved, that ſome one perſon of a family was firſt attacked, and then ſeveral more of that family; and where that was not the caſe, thoſe deviations from the more uſual progreſs of the diſorder may be eaſily explained, by a ſuppoſition of circumſtances not at all improbable, and too obvious to require to be pointed out; but in many inſtances the introduction of it into a place, ſeems to be pretty clearly traced to ſome particular perſon or perſons (65). In that mentioned page 8, it certainly appears to have been carried on board the ſhips by the Cuſtom-houſe officers; it would be more eaſy to form an opinion on that head, if it were known how long before that time, any of them had laboured under the diſeaſe, or had been where it exiſted; it may not, however, be impertinent to obſerve, that it is poſſible that the power of exciting the diſorder might not

(65) Vide note 64, Dr. Livingſton.—Ditto, Dr. Houlſton.—Ditto Mr. Boys. Note 68, Dr. Clark.

not leave thoſe who had been affected with it until ſome time after the ſymptoms of it had quitted them.

A very remarkable circumſtance reſpecting its progreſs is, that it was ſometimes prevalent in one place a week or two before it became ſo in another only a few miles diſtant from the firſt. In ſome caſes of this ſort, the ſituation of the places deſerves to be taken notice of; thus, for inſtance, it was at Dartmouth much ſooner than at Exeter, and yet it was at Exeter much ſooner than at Tinmouth, though the laſt mentioned place is ſituated between Dartmouth and Exeter (66).

It was not obſerved at Plymouth until the very latter end of May, though it was in the weſtern part of Cornwall ſo early as the 19th of that month, on which day, two of the North Devon regiment of militia were ſeized with it (67).

This

(66) "At Dartmouth it began much ſooner, and "at Tinmouth, which lies between both, it began "much later than at Exeter." Dr. *Raſton, Exeter.*

(67) The progreſs of the diſorder through that regiment was obſerved by Mr. Mortimer, the ſurgeon of it, to be as follows: On the 19th of May two

This ſlowneſs and irregularity in the progreſs of the diſeaſe may be eaſily accounted for, if we admit that it was conveyed by infected perſons; but if we ſuppoſe it was conveyed by the air, they ſeem utterly inexplicable.

Another remarkable fact remains to be taken notice of; which, though it is not mentioned as an argument of very great weight, certainly merits ſome conſideration. The influenza prevailed in Ruſſia in the months of December, January, and February, and in Italy and Spain in the months of July, Auguſt, and September, conſequently its cauſe muſt have been capable of reſiſting almoſt the two extremes of European heat and cold; a degree of permanence difficult to be conceived, if we ſuppoſe that cauſe to have reſided in the air.

Some, who had no doubt that the diſorder was communicated by infected perſons, yet thought it might alſo be conveyed to

two were attacked; 20th, two; 21ſt, four; 22d, four; 23d, one; 24th, none; 25th, none; 26th, one, 27th, one hundred and twenty; 28th, twenty; 29th, forty-ſeven; 30th, forty-four; 31ſt, eleven; June 1ſt, ſeven; 2d, five; 3d, five; 4th, three; 5th, none; 6th, three; 7th, two; 8th, two.

to a *conſiderable diſtance* by the air (68). This latter opinion, however, certainly cannot be ſupported by any analogical reaſoning from known facts; for though the

(68) "The diſeaſe firſt made its appearance at "Shields, the port of Newcaſtle, on or about the "26th of May; and what is remarkable, before it "ſeized any perſon in the town ſome ſhips had arrived "from London, where the diſeaſe was epidemic, whoſe "crews had laboured under the diſtemper on their paſ-"ſage. And on the 27th and 28th of the ſame month, "a very conſiderable number of veſſels came into the "harbour from the river Thames, after a ſail of a "little more than forty-eight hours. The firſt family "(at Newcaſtle) as far as can be aſcertained, was "ſeized on the 28th of May; and as the perſons who "were attacked kept a public ſhop, it is more than pro-"bable they received the infection from ſome ſailors "who had arrived from the ſhips at Shields. This "opinion of the diſeaſe being introduced into New-"caſtle by infection, is farther confirmed by the fol-"lowing fact, for which I am indebted to Alexander "Adams, Eſq. The maſter of a veſſel who arrived at "Shields in forty-eight hours after he left the river "Thames, came to his office on the 28th of May, la-"bouring under the diſtemper. On the 29th one of "the clerks in the office was ſeized, and, as far as I can "learn, was the ſecond perſon who was attacked with "the diſeaſe in town. From whatever cauſe the pre-"ſent influenza may have originally originated on the "continent, where it was firſt obſerved, from the "account given of its introduction into this part of the "country, there cannot remain a doubt of its being of

"an

the abſolute contact of an infected perſon is not ſuppoſed neceſſary to convey a contagious diſeaſe, we have no reaſon to think the power of communicating it extends to any conſiderable diſtance in the open air; a free expoſure to which, ſeems ſo to divide, and dilute (if the expreſſion may be allowed) all infectious effluvia, that their virulence is intirely deſtroyed. Even the infection of the plague, is

"an infectious nature. It is probable, however, that "the manner in which it is communicated, differs "widely from that of other contagions. The ſmall-"pox and plague, for example, when they appear in "any town or city, are gradually communicated from "perſon to perſon. At firſt houſes, then ſtreets, and "at laſt large portions of the town are infected. The "effluvia ariſing from the bodies of the ſick, in theſe "diſeaſes, not being capable of tainting the air to any "conſiderable diſtance, the contagion remains for a "long time in a place. But the infection of the influ-"enza being of an exceedingly diffuſable nature, it is "reaſonable to ſuppoſe, that the contagious effluvia "float in the air to a conſiderable diſtance, and by "being applied to the mucous glands in inſpiration, "infect numbers of perſons at the very ſame inſtant of "time. Hence the diſeaſe, in a few days, ſpreads like "an univerſal conflagration in every place where it is "introduced, and ſoon totally diſappears."—*Letter on the influenza, from Dr. Clark of Newcaſtle, to Dr. Leſlie.*

is not ſuppoſed to be communicable to any great diſtance by the air alone, though it is admitted, that certain ſubſtances, ſuch as cotton, wearing apparel, &c. may be impregnated with it, and if ſecluded from the air, may convey the diſorder from one place to another; in one inſtance the influenza ſeems to have been tranſported in that manner (69).

Upon the whole, the progreſs of the diſorder is certainly more eaſily explained upon the ſuppoſition that it was propagated by perſonal communication, than by any other that has been ſuggeſted; in objection to that hypotheſis, however, it is credibly affirmed, that the crews of ſeveral ſhips were ſeized with the influenza many miles diſtant from land, and came into various ports of England labouring under it; the ſame thing is ſaid to have happened to ſhips in the Eaſt Indies, and other parts. A want of preciſion, or of authentication reſpecting the circumſtances above alluded to, makes it improper to draw any

(69) Vide note 63. Dr. *Meaſe, Strabane.*

any inferences from them; but without pretending to deny the truth of them, the following anecdote will ſerve to ſhew that great caution is requiſite before they are admitted.

Mr. Henry of Mancheſter, informed the ſociety, from what he thought good authority, that a ſhip from the Weſt Indies to Liverpool, was by ſtreſs of weather, driven out of her proper courſe, into a higher north latitude, where her whole crew were ſeized with the influenza; but wiſhing afterwards for more accurate information on the ſubject, he wrote to Dr. Currie, of Liverpool, deſiring him to make every neceſſary inquiry into the matter; that gentleman, who took great pains to inveſtigate the affair, at laſt met with the ſurgeon of the veſſel, from whom he learnt that before the crew were ſeized with the diſorder, they had been off the north of Ireland, and had had ſome communication with the inhabitants of thoſe parts.

But, admitting it ſhould be, by unqueſtionable evidence, eſtabliſhed, that the diſorder in ſome inſtances, broke out on board ſhips, to which it could not poſſibly have been

been conveyed by perſonal communication; it will by no means follow that it was not generally propagated in that manner. No one doubts that putrid fevers are contagious, yet every one admits they frequently originate without communication with an infected perſon. Even the effluvia of perſons in perfect health, by being confined, are well known to acquire a virulence capable of producing contagious diſorders; indeed every diſorder of that kind, muſt, in the firſt inſtance, ariſe from cauſes very different from thoſe by which it is afterwards propagated.

A very ſingular and extraordinary fact was communicated to the ſociety by Dr. Macqueen, with which it is preſumed this account of the influenza will not be improperly terminated; the ſymptoms of that diſorder, and thoſe of this about to be deſcribed are ſo very ſimilar, that there is great reaſon to ſuſpect they are of the ſame ſpecies; but it muſt be confeſſed, that the fact itſelf ſeems inexplicable, upon any hitherto known and acknowledged principle.

" Amongſt the iſlands on the weſtern " coaſt of Scotland, there is one very " remote from all the reſt, named St. " Kilda. It riſes like a rock in the ocean, " about 16 or 18 leagues weſt of the Lewes " iſlands. This place is inhabited by 20 " or 30 poor families, who ſubſiſt chiefly " on the fleſh and eggs of ſea fowls, " which they have in prodigious quan- " tities. They have beſides a ſmall quan- " tity of barley, and a conſiderable num- " ber of ſheep. The open and boiſterous " ſea around them, together with their " diſtance from every other land, exclude " theſe poor iſlanders from the reſt of their " ſpecies; and they ſcarcely ever ſee a hu- " man being, except once in a year, when " they are viſited by the ſteward, who re- " ceives the rent in feathers, wool, and " mutton.

" St. Kilda being an appendage to that " part of the Lewes called *Harris*, and " the property of Mr Macleod, the ſteward " always reſides in the latter place. He " makes his annual voyage to St. Kilda " in the month of June, when the day " is longeſt, and the ſeaſon moſt temperate.

" His

" His retinue conſiſts of ten or a dozen
" men, ſufficient to manage a large open
" boat, ſuch as are in common uſe in
" theſe iſlands. The inhabitants meet
" him on the beach, and prompted by a
" deſire of intelligence, as well as a reſpect
" for his perſon, all aſſemble round the
" ſtrangers. But behold the conſequence!
" The next day the ſteward has hardly a
" St. Kilda man at his levee. They are
" univerſally ſeized with a catarrh or cold,
" as they call it, which rages ſo faſt that
" in twenty-four hours, every individual
" on the iſland is generally laid by. The
" ſymptoms are a cough, head-ach, ſneez-
" ing, and coryza; from which they re-
" cover in a few days by drinking largely
" of water-gruel, and other diluting li-
" quors that promote perſpiration. This
" is ſo invariably the caſe, that it is
" conſidered as the natural and infallible
" conſequence of the ſteward's viſit, and
" the poor people are prepared accordingly.
" I remember Dr. Cullen mentioned this
" circumſtance in his Lecture on the Ca-
" tarrh about ſix years ago, when I at-

 " tended

" tended him, but I have had ſtill better
" opportunities of knowing the matter in
" its full extent than the Doctor, and
" my connexions in that part of the
" country enable me to give it on the
" ſtrongeſt grounds of authenticity.

II. *Remarks* on the Influenza of the Year 1782. By* JAMES CARMICHAEL SMYTH, M.D. F.R.S. *Phyſician Extraordinary to his Majeſty.*

THE late influenza or epidemic catarrh which was almoſt univerſal in London, during the laſt week in May, and the beginning of June 1782 (1), was very generally accompanied (in thoſe caſes which came under my obſervation) not only with the uſual catarrhal ſymptoms, but with

 others

* Theſe remarks not having been communicated to the ſociety early enough to be incorporated in the preceding account, they have thought it right to publiſh them ſeparately.

(1) This epidemical diſtemper, which was ſo extremely general in London for about ten days or a fortnight, from the time it was firſt publickly noticed, very ſoon declined; and about a fortnight afterwards was only to be heard of in ſome ſtraggling inſtances of ſtrangers arriving in town. But although the epidemical catarrh quickly diſappeared, it ſeemed to leave behind it an epidemical conſtitution, which prevailed during the reſt of the ſummer; and the fevers, even in the end of Auguſt and beginning of September, aſſumed a type reſembling in many reſpects, the fever accompanying the influenza.

others no leſs diſtreſſing to the patient, and which were ſtill more alarming to the phyſician; ſuch as great languor, lowneſs, and oppreſſion at the præcordia; anxiety, with frequent ſighing, ſickneſs, and violent head-ach. The pulſe was uncommonly quick and irregular, and the ſick were frequently delirious, eſpecially in the night. The heat of the body was ſeldom conſiderable, particularly when compared with the violence of the other ſymptoms; the ſkin was moiſt, with a tendency to profuſe ſweating. The tongue white or yellowiſh, but moiſt.

Some perſons complained of ſevere muſcular pains either general or local, others had eryſipelatous patches or efflorescences on different parts of the body, which in one inſtance terminated in gangrene (2) and death.

I ob-

(2) The patient alluded to, was a lady who had miſcarried in the fifth or ſixth month of her pregnancy, and with conſiderable hæmorrhagy. She had from the beginning a ſmall quick pulſe, with great lowneſs, and was at times delirious. She complained of a violent fixed pain in one ſhoulder, and had an eryſipelatous inflammation on one arm, which, from its appearance, cauſed no alarm, but a gangrene took place

I obſerved petechiæ but once, and then only two days before death.

Thoſe attacked with the influenza were in general taken ſuddenly ill, and the ſymptoms in the beginning, or for the firſt twenty-four or forty-eight hours were extremely violent, bearing no proportion either to the danger or duration of the diſtemper.

Children and old people either eſcaped entirely, or were affected in a ſlighter manner. Women with child, when ſeized with the diſeaſe, were apt to miſcarry; or if far advanced in their pregnancy, to be delivered before their time; in either caſe the hæmorrhagy was conſiderable, and ſeveral died.

Patients

place in a part of the body where it was leaſt expected. She had the day before mentioned, though in a ſlight manner, that ſhe felt a ſoreneſs on the inſide of one of her thighs; the day following, upon her complaining of this ſoreneſs which was now in both thighs, the ſurgeon was deſired to examine the parts affected; he was greatly ſurprized to find a mortification conſiderably advanced on the inſide of one thigh, with an eryſipelatous inflammation and beginning mortification on the other; the progreſs of which was ſo rapid that it extended in twelve hours as high as the abdomen, and ſoon put a period to her ſufferings.

Patients ſubject to pulmonic complaints, ſuffered much from the cough, difficult breathing, and other peripneumonic ſymptoms; and to them alſo the diſeaſe proved dangerous or fatal.

The head-ach which accompanied the influenza may be diſtinguiſhed into three kinds.

1ſt. The uneaſy weight, ſoreneſs, and diſtention of the forehead, uſual in common colds.

2nd. The violent ſick head-ach, ariſing from the affection of the ſtomach, and relieved by vomiting.

3d. The head-ach during which the patients complained of a ſenſation as if their head was ſplitting, with a ſevere ſhooting pain at the vertex: this laſt head-ach was moſt uſual in peripneumonic caſes, and ſeemed chiefly occaſioned by the violence of the cough.

The fever began with irregular chillineſs, had conſiderable exacerbations and remiſſions, and was always greatly encreaſed towards night; but even then the heat of the body

body and thirſt were ſeldom ſo great as might have been expected, and the acceſſions of fever, were chiefly marked by the encreaſed quickneſs of pulſe and delirium.

The frequency of the pulſe was (3) greater than is common in fevers; nor do I remember to have felt ſo frequent and at the ſame time ſo irregular (4) a pulſe, in any fever attended with ſo little danger, and of ſo ſpeedy and eaſy a termination; the violence of this being commonly over in twenty-four or forty-eight hours.

Many, from the beginning, were delirious in the night-time, and during the exacerbations of fever, who were perfectly recollected and diſtinct in the day and during the remiſſions; but even where the delirium

(3) The pulſe was often 120 even in the remiſſions of fever, in the acceſſions 140, and ſometimes ſo frequent that it was impoſſible to reckon it; in many inſtances it was irregular and intermitting.

(4) The irregularity of the pulſe is in a great meaſure characteriſtic of malignant contagious fevers; the pulſe in other caſes, bearing a more certain relation to the ſymptoms of the diſeaſe and to the degree of danger.

rium continued, it was not a conſtant one, but might rather be called a wandering than a delirium, as the ſick knew thoſe who ſpoke to them, would anſwer ſome queſtions diſtinctly, and a few minutes afterwards talk incoherently; a fixed ſtare of the eyes at the time, and a kind of wildneſs in the countenance, were alſo very expreſſive of this ſtate or condition.

The delirium which we have juſt now deſcribed, though unnoticed (ſo far as I know) by any practical writer, is not unuſual in the putrid fever, and differs as materially from the low delirium incident to the laſt ſtage of that diſeaſe, as it does from the phrenetic delirium of the febris ardens, or of any inflammatory fever.

During the whole of the influenza I met with only one inſtance of true phrenetic delirium, and it may not be foreign to the purpoſe to remark, that it happened to a patient who had been three times bled, had ſwallowed no heating cordials, and who was taken every day out of bed, conformable to the judicious practice of Sydenham,

denham (5), expreſsly with the intention of preventing this termination of the diſeaſe.

Reſpecting the danger of the influenza, phyſicians, I find, have entertained ſomewhat oppoſite opinions; poſſibly owing to the difference of place and ſituation. In London, although the diſtemper, doubtleſs, proved fatal to many, yet it could hardly be accounted a dangerous one, if the number who died, be compared with the prodigious number of thoſe who recovered.

Of the Cure of the Diſeaſe.

THE late influenza might very properly have been named the ſweating ſickneſs, as ſweating was the natural and ſpontaneous ſolution of it, and reſt, abſtinence, and warm diluents, were, in moſt inſtances, all that were neceſſary for the cure; yet, amidſt ſuch an amazing number and variety of caſes, many occurred which required ſome further medical aſſiſtance, and when that became neceſſary it was of the utmoſt importance that it ſhould

(5) Vid. de febre comatoſa.

ſhould be procured early: for the diſeaſe, when neglected; or improperly managed in the beginning, ſometimes ended in a malignant fever of difficult treatment and of very doubtful termination. And although the tendency to profuſe ſweating often continued, it now only weakened the patient, and a critical or ſalutary ſolution of the diſeaſe, in conſequence of this evacuation, was no longer to be expected; nor do I recollect a ſingle example of profuſe ſweating being attended with any advantage after the firſt forty-eight hours (6).

The medicines which I found moſt ſerviceable in abating or carrying off the fever, were, ſmall doſes of an antimonial powder, compoſed chiefly of tartar emetic; the *julep. e camphora.* with about a fourth part of the *ſpirit. mindereri*; the common

(6) During my attendance on a gentleman ill of one of thoſe fevers, I obſerved a very ſingular appearance upon entering his bed-room one morning; his face, particularly the upper eye-lids, ſides of the noſe, upper lip and chin, and the part of his neck above the collar of his ſhirt, were covered with a fine white powder; which, upon a more cloſe examination, ſeemed to be a ſaline matter, or cryſtallization, formed by the ſweat evaporating or drying where it was expoſed to the air.

mon ſaline draught, with ten or fifteen grains of the *pulv. contrayerv. c.* or what I commonly preferred, from twenty to forty drops of the *liq. anod. min. Hoffm.* adding occaſionally, a ſmall quantity of the paregoric elixir.

In caſes of great lowneſs, beſides the drinks and nouriſhment uſual in fevers, I allowed the ſick white wine whey, wine and water, and weak veal broth.

For removing the oppreſſion at the præcordia, ſickneſs and head-ach, no means were ſo certain as vomiting with tartar emetic, *en lavage*, that is, giving it in ſmall doſes, largely diluted, and repeated every ten or fifteen minutes, till it produces the deſired operation. This medicine adminiſtered in this manner, had alſo a very remarkable effect in bringing on a remiſſion of the febrile ſymptoms, and in accelerating the termination of the diſeaſe. It likewiſe commonly opened the body; when that was not the caſe, ſome gentle laxative was given.

The cough required not only plentiful and warm dilution, but opiates and bliſters, were alſo very neceſſary; and where the ſick

ſick were attacked with ſtitches, or acute pains about the cheſt, with difficult or laborious breathing, and other peripneumonic ſymptoms, the propriety of bleeding was, in my opinion, clearly and evidently pointed out; nor can I think any phyſician juſtifiable in neglecting the uſe of the lancet under ſuch circumſtances. At the ſame time I am ready to acknowledge, that bleeding, though neceſſary to obviate the fatal conſequence of a particular ſymptom, was by no means conducive to the general cure of the diſeaſe; that, on the contrary, the lowneſs and dejection were often increaſed by it; that the blood taken away had not always an inflammatory appearance, but was ſometimes florid, and the craſſamentum tender; that the relief afforded by bleeding, was neither ſo conſiderable, nor ſo certain as in other ſimilar caſes of peripneumony; and that in the courſe of the diſeaſe there frequently appeared unequivocal ſigns of a putrid tendency. But, admitting the whole of theſe facts, and granting that they ought to make a phyſician cautious of taking away blood, ſo freely perhaps, as he otherwiſe

wiſe would do, and as the urgency of the ſymptoms might ſeem to juſtify, yet they ſurely do not lead to an entire prohibition of the uſe of the lancet, at leaſt in thoſe caſes where there was evidently no alternative, and where, although the effects of bleeding might be doubtful, the conſequence of omitting it was certain. Upon ſuch occaſions, the advice of Celſus is the voice of reaſon, "Satius eſt enim anceps "auxilium experiri quam nullum." Beſides bleeding, bliſters applied as near as poſſible to the parts affected were here, as in ſimilar caſes, of very eſſential ſervice, in removing the ſtitches in the ſide, and in relieving the difficulty of breathing, ſo that we may juſtly apply to them what an eminent author ſaid of the peruvian bark, that he found it moſt ſerviceable where it was moſt wanted; for in caſes purely inflammatory, where bleeding of itſelf will commonly do every thing, bliſters are leſs neceſſary; but in thoſe of a mixed nature, where the aſſiſtance of bliſters is more immediately required, the relief afforded by them is in general more certain.

Some may think it ſtrange that amongſt the remedies employed in the treatment of this diſeaſe, I have made no mention of oily medicines, ſuch as emulſions, linctuſſes, &c. nor of the peruvian bark. In regard to oily medicines, I have often obſerved, that the advantage derived from them in caſes of catarrh, attended with heat and fever, was extremely equivocal; and that wherever there was naufea, oppreſſion and uneaſineſs at the ſtomach, with a bitter taſte of the mouth, and nidorous eructations, they did more harm than good; as theſe ſymptoms ſo frequently occurred in the influenza, I thought it ſafeſt to omit their uſe entirely.

The peruvian bark has of late years been cried up as a panacea, and employed by many phyſicians in almoſt every fever. How far this practice has been ſucceſsful with others I will not take upon myſelf to ſay; but it appears to me, to have opened a very wide door to empyriciſm, and is directly contrary to my experience of this medicine, which, though one of the moſt valuable that has ever been introduced

duced into the materia medica, has, upon many occaſions, where I have given it, or have ſeen it employed, either had no ſenſible effect, or has aggravated the ſymptoms of the diſeaſe. But, as it is foreign to my intention, to enter, at preſent, into any diſcuſſion of this ſubject, I ſhall only remark, that in the influenza, the cough, affection of the breathing, and oppreſſion at the præcordia, where they occurred, were to me ſufficient reaſons for not employing it; and that even where theſe ſymptoms were not preſent, and in caſes where the great lowneſs, and apparent putrid tendency, ſeemed not only to juſtify, but even to demand the uſe of the bark, I never was ſo fortunate as to ſee one ſingle inſtance where it produced any ſenſible good effect, either in moderating the fever, ſupporting the ſtrength, checking the diſpoſition to gangrene, or in preventing the fatal cataſtrophe that enſued.

When the fever, and other immediately alarming ſymptoms of the influenza had ceaſed, there frequently remained a teaſing cough; and convaleſcents in general com-

plained of languor, want of appetite, and that their ſleep was interrupted and unrefreſhing. For removing theſe complaints, and compleating the recovery of the patients, change of air, and riding on horſeback were the moſt effectual remedies; and to ſome they were abſolutely neceſſary. A milk diet was recommended where the cough was obſtinate; but I did not find it either neceſſary or of advantage to enjoin ſo ſtrict an antiphlogiſtic regimen as is uſually done in ſimilar complaints. Neither do I know of any inſtance where the cough terminated in a phthiſis pulmonalis, and I am much inclined to believe that this fatal termination was much leſs frequent after the influenza than after a common cold. For the lowneſs and want of appetite, chalybeate waters, eſpecially when drank at the ſpring, were of ſingular ſervice. I alſo frequently preſcribed, and I think with advantage, the elixir of vitriol with Hoffman's anodyne liquor, taken to the quantity of thirty or forty drops in a bitter infuſion, or in a decoction of the bark.

In this ſhort account of the late influenza, I have offered no conjecture with regard to the original cauſe of the diſtemper, or the manner in which it was propagated. Opinions on this ſubject, if not merely hypothetical, muſt be founded on a number of well authenticated facts, collected at different times and by different perſons; and I apprehend, from the preſent ſtate of our knowledge, that we can hardly venture to ſay, even what it is not, ſtill leſs to affirm, with any probability, what it is.

III. *An Account of a gouty Body, diſſected by* HENRY WATSON, F. R. S. *Surgeon to the Weſtminſter Hoſpital. Read March* 12, 1782.

A GENTLEMAN, once very well known in this town by the name of Whig-Middleton, died of the gout at the age of fifty years.

He had been a moſt free liver in his youth, and became a martyr to the diſeaſe ſo early, that, without impropriety, he might have been called an old man at forty.

The laſt ten years of his life, were by much the moſt uncomfortable; for in that ſpace of time, from having been a tall, active, well-looking man, he loſt all ſtrength and vigour of mind, became much emaciated, was greatly dejected, and had all his faculties impaired. He had not been able for a long time to lie ſtrait in his bed. His legs were drawn up to his thighs, and his thighs to his belly, his knees reſting on his breaſt; and it was

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Fig. 4.

Fig. 1.

Fig. 2.

in this contracted ſituation I found the body, when I was ſent for to examine it, the day after his death.

Since we ſeldom meet with the gout ſo ſtrongly marked, this was an inviting opportunity for inveſtigating its various appearances; but that required deliberation. However, the friends of the deceaſed being ſenſible, unprejudiced people, I eaſily obtained leave to take my own time.

Upon looking over the body I obſerved one of the great toes to be much enlarged, and upon diſſection found the firſt joint of it incloſed in a bed of chalk like a foſſil-ſhell: but the bone itſelf was neither increaſed in ſize, nor altered in its texture.

The joints of the fingers were alſo ſwelled and knotty, every knot being a lump of chalk; and I was told, that when he played at cards, he uſed frequently to ſcore up the game with his knuckles.

On the middle of the right tibia there appeared an oblong tumour reſembling a node, over which the integuments were very thin, and ready to burſt: it was a mere depoſition of chalk between the ſkin and perioſteum, and though thick and

large, had not as yet done any injury to the bone.

Mr. Middleton, at different times, but more particularly a little before he died, complained greatly of violent excruciating pains in his head, often imagining that he was falling, or tumbling down headlong. This of courſe led to an examination of the brain.

After ſawing through the cranium all round, it was found impoſſible to remove the bone, without alſo dividing the dura mater, which being done, the adheſion appeared not to be owing to the extraordinary depth of any of the furrows on the inſide of the ſcull, which indeed is ſometimes the caſe, but to an inflammation, thickening, and induration of the dura mater; and this, I think, will ſufficiently account for thoſe lancinating pains in the head ſo grievouſly complained of.

The faſciculated texture bordering on the ſinuſes was remarkably ſtrong. Here, the glands, as they are called, were large, and very diſtinct The brain itſelf being as firm as wax, would on that account, have been extremely favourable for a demonſtration,

monſtration, but that was foreign to the preſent purpoſe.

There was rather a large and unuſual quantity of lymph, clear as the pureſt ſpring water, accumulated in all the ventricles. The pia mater appeared exceeding pale from the poorneſs of the blood contained in its veſſels, with a ſort of clear jelly depoſited in the cellular membrane connecting its two lamellæ.

The outer ſurface of this membrane was alſo ſmeared with a ſmooth chalky mucus of the colour and conſiſtence of cream. The medulla oblongata and medulla ſpinalis were much firmer than any other part of the brain; the tunica arachnoides was thickened, harſh, and gritty; and the glandula pinealis quite deſtroyed, nothing remaining, but its membranous coat filled with concretions reſembling very ſmall pearls.

The body, though ſo much emaciated, upon opening the abdomen, afforded an appearance of fat under the ſkin, at leaſt two inches in thickneſs, and very firm.

The meſentery was equally loaded, ſo that the inteſtines appeared as if buried

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in fat. Two thirds, at leaſt, of the circumference of the gut were inviſible.

The ſtomach and inteſtines afforded no very particular remarks; they were in a healthy condition, though pale and thin, being greatly diſtended by accumulated air.

The ſpleen and pancreas were ſound; the liver indurated, of a pale yellow colour, with the gall-bladder buried in fat, and containing but little bile; and that thin, and watery.

Theſe viſcera being all removed, the abdominal portion of the aorta was brought to view by diſſection, and then appeared oſſified the whole way, from the diaphragm to the very termination of the iliac arteries.

The kidnies were ſmall in ſize, and filled with hydatids, the external ſurface of the right one, being almoſt covered over with thoſe little bladders.

The *veſica urinaria* appeared thick and much contracted, as in thoſe who ſuffer a violent death, having little urine within it; and not the ſmalleſt particle of ſtone, gravel, or chalk; nor were any ſuch particles obſerved in the kidnies.

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In the thorax where we have fewer parts, we found much leſs diſeaſe.

The valves of the heart, with all the great veſſels emerging from its baſis, and the whole thoracic portion of the aorta, were perfectly free from oſſification.

The lungs, though in a ſoft and pretty healthy ſtate, were not without ſome ſlight marks of the diſeaſe, as a ſmall ſtone was found in one of the lobes; but the bronchial glands, accompanying the trachea, were filled with gouty matter.

Having remarked all that merited notice in the three larger cavities of the body, it remained only to look into the joints of the lower limbs, which certainly deſerved ſome attention.

Theſe joints were ſo very rigid, that it was not without ſome labour and fatigue we got them into any tolerable ſituation, ſo as to allow us to come to the abdomen; but on examination, the cauſe of this contraction appeared evidently enough owing to the ſtate of the ligaments, which were hardened, much thickened, and had loſt their poliſhed hue; while the ſynovia, like a mix-

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ture of chalk, oil, and water, was become thick as cream and as ſmooth.

The cartilages were not much altered; nor were they marked with any grooves or ridges, ſuch as are ſeen ſometimes in gouty joints that have been exerciſed.

From this examination it ſhould appear, that the gouty matter has the ſtrongeſt tendency towards the extreme parts of the body, and generally fixes in the greateſt quantity, where the weaker impetus of the circulating fluids is moſt likely to leave it.

Is it not remarkable, where we had ſo much of the diſtemper, that there ſhould have been no marks of it in any of the hollow viſcera; neither in the kidnies, liver, ſpleen or pancreas?

It has been, I believe, a pretty common opinion, that thoſe who have gouty concretions in their joints, are very liable to the ſtone in the bladder and kidnies; as if the one diſeaſe were generally productive of the other.

Is not this pronouncing rather too much? for of all the patients cut in our hoſpitals,

hoſpitals, men, women and children, how few do we meet with that have any the ſlighteſt indications of gout about them?

Both the gout and the ſtone are morbid ſecretions, and may poſſibly exiſt together, in one and the ſame ſubject; but differ eſſentially in their material principles, and have very different tendencies.

The calculous matter is formed in the urinary paſſages—the gouty depoſits itſelf generally on bones, cartilages, membranes, and lymphatic glands.

The gouty ſeems to be a kind of earth different from that, which generally forms a ſtone in the urinary bladder; for it never appears lamellated, or to have any kind of nucleus, but is white, ſoft and uniform throughout; it may be diſſolved, and being ground down by the motion of a joint, readily mixes with the ſynovia, forming a ſmooth creamy fluid.

The gouty earth is then a kind of greaſy bole, which may eaſily be made to mix with oil and water, which, in general, the calculous cannot be made to do; ſo that

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in every reſpect, in colour, form and conſiſtence, it ſeems to differ eſſentially from that which lays the foundation, and cauſes the increaſe of the ſtone in the bladder.

IV. *A Case of Proptosis.* By Mr. Edward Ford, *Surgeon to the Westminster General Dispensary. Read April* 9, 1782.

THE advantage of recording unsuccessful cases in surgery is so generally acknowledged, that I flatter myself, the following one will not be unacceptable to the society, although the event was unfavourable.

Charlotte Forrest, a girl three years old, born of healthy parents was brought to me in the month of July 1781, with a *Proptosis* of the left eye. The tumour projected to a considerable distance from the edge of the orbit, was covered with a hard dry crust, and discharged a fœtid corrosive matter. The right eye was perfectly free from disease. The patient had no head-ach, was very lively, and appeared in every other respect to enjoy a good state of health.

The parents informed me that about a year before she had been affected with a scabby eruption on her head, which soon yielded

yielded to a ſaturnine application, and that within a month after the diſappearance of the eruption, an inflammation and ſwelling had taken place in the leſt eye, for which ſhe had been under the care of different empirics; that the tumour had continued to enlarge, till the ſight of that eye was totally loſt; and that one day, after ſlipping down, it burſt, and diſcharged a quantity of ſanious matter.

From the nature of the complaint it ſeemed obvious that a total extirpation of the diſeaſed eye was the only reſource left; and from the account given of its progreſs, there was no reaſon to form an unfavourable prognoſtic. Accordingly the operation was performed in the preſence of Dr. Duncan of Edinburgh, Dr. Jackſon, Dr. Bland, Dr. Simmons, Mr. Vaux, and ſeveral other gentlemen. Upon removing the cellular membrane in which the eye is enveloped, we diſcovered a ſmall ſcirrhous tumour at the bottom of the orbit, ſurrounding the optic nerve. This was entirely removed, together with a large portion of the nerve itſelf.

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The operation was performed without any conſiderable hæmorrhage, and the eyelids not being diſeaſed, were preſerved.

Upon macerating the tumour in water, great part of the ſpongy ſubſtance, which had made ſo large a prominence in the face, diſſolved. The optic nerve was harder than common, and of a cineritious colour. The humours of the eye were converted into a black gelatinous ſubſtance, but its coats had not undergone much alteration.

For ſome time after the operation, the patient was free from pain, the wound looked well, diſcharged a thick matter, and the cavity filled up with red granulations. It was obſerved, however, that ſhe did not acquire ſtrength. She became paler and more emaciated, and at the end of the third week, was ſuddenly and totally deprived of the ſight of her remaining eye.

There was no inflammation on the ſurface of this eye; the cornea, and the chryſtalline humour were free from any defect; but the pupil was very much dilated, and the iris incapable of motion,

ſo as to exhibit the appearance of a gutta ſerena.

Various means of relief were attempted without effect. The patient languiſhed in a very emaciated ſtate, with frequent vomitings, and convulſions, and died on the 20th of October, 1781, two months after the operation.

The day after her death the head was examined in the preſence of Mr. Watſon, and the gentlemen who had aſſiſted at the operation.

The membranes of the brain were in a healthy ſtate. The lateral ventricles contained an ounce and a half of a ſerous fluid, the greateſt part of which was in the left ventricle. There was no morbid appearance in the *corpus calloſum*, *plexus choroides* or *fornix*; but on removing the roots of the latter, we obſerved that the interior part of the *thalami* of the optic nerves was of a greyiſh colour, and much firmer than uſual.

The upper part of the brain was now removed, and under the anterior lobes we found a ſwelling larger than a hen's egg, formed by an enlargement of the *thalami*

thalami on the left ſide; and, upon raiſing this ſubſtance from the cranium, we diſcovered the cauſe which had ſo ſuddenly deprived the patient of the ſight of her right eye.

This ſwelling, which ſeemed to have begun on the left ſide, having gradually increaſed in bulk, had at length preſſed upon the right optic nerve. The compreſſion had been ſo violent, that the nerve was removed from its natural ſituation, as it were, and bent againſt the clinoid proceſs of the *os ſphenoides* ſo forcibly, that the portion of the nerve between this proceſs, and the *foramen opticum*, was diminiſhed one half of its uſual ſize, while the portion nearer the brain retained its uſual appearance. The diſeaſe extended backwards almoſt to the *medulla oblongata*, comprehending the pituitary gland. The cerebellum, and all the other parts of the *encephalon*, were in a ſound ſtate, as were likewiſe the coats and humours of the right eye.

From the bulk of this tumour, and from the morbid appearance of the left

optic nerve, at the time of the operation, may it not be concluded that the diſeaſe had exiſted in the left ſide of the brain previous to any affection of the right eye? If this be allowed, does not this circumſtance tend to weaken an opinion which Cheſelden and others have ſupported, that the nerve of each eye ariſes wholly from the oppoſite ſide of the brain.

V. *A ſingular Caſe of Hydatids.* By SAMUEL FOART SIMMONS, M. D. F.R.S. *Read April 9, 1782.*

MARY HUMPHREYS, of Poultney-Court, Soho, a married woman aged forty-four years, was admitted under my care at the Weſtminſter General Diſpenſary, in January 1781.

Her principal complaint was an enlargement of the abdomen, which began to be perceptible ſoon after a lying-in, about the year 1772, and had gradually increaſed from that time.

She informed me that at firſt the ſwelling was more conſiderable on the left than on the right ſide of her belly; and even at the time I firſt ſaw her although the whole abdomen was greatly enlarged, yet the diſtention ſtill ſeemed to be moſt conſpicuous on the left ſide. This circumſtance led me to ſuſpect that the diſeaſe was a dropſy of the ovarium.

Her face and limbs were emaciated, and in proportion as her belly had increaſed in bulk,

bulk, ſhe had become ſubject to ſhortneſs of breath, cough, and latterly to a purulent expectoration and hectic fever; ſo that to the original complaint there was now added a pulmonary conſumption, which ſeemed to be making a rapid progreſs.

For the ſpace of two months a variety of remedies were adminiſtered, but without any good effect. The patient's cough and difficulty of breathing grew every day more and more diſtreſſing, and ſhe became anxious to have recourſe to tapping, as the only means that ſeemed likely to afford her relief. Mr. Ford, ſurgeon to the Diſpenſary, was conſulted. As a fluctuation was diſtinctly to be felt, we agreed to attempt the operation, and it was accordingly performed in the uſual manner.

On withdrawing the ſtilet about two quarts of a yellowiſh fluid were diſcharged with great velocity; but before the ſize of the abdomen was ſenſibly diminiſhed, the ſtream ſuddenly ſtopped. From this circumſtance the dropſy was ſuppoſed to be of the encyſted kind. The patient was put to bed, an opiate was adminiſtered, and ſhe was directed to be kept cool and quiet.

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The day following ſhe was not worſe than ſhe had been for ſome time before; but on the 30th of April, about a fortnight after the operation, her expectoration, which for ſeveral weeks had been in the quantity of about a pint a day, began to leſſen, and on the 3d of May ſhe died. The next day Mr. Ford opened the dead body in the preſence of Dr. Bland and myſelf.

Upon opening the abdomen we diſcovered that the diſtention of it on the left ſide was occaſioned by an immenſe cyſt filled with hydatids of various ſizes, reſembling thoſe which are uſually met with in the liver. After taking out ſixteen pints of theſe hydatids, we traced the courſe of the ſac, and obſerved that it adhered to the whole of the concave ſurface of the liver, and likewiſe to the omentum, meſentery, and peritonæum, being uniformly of a firm, tough texture, and of conſiderable thickneſs.

Upon preſſing the thorax, hydatids poured out in great quantity from that cavity into the abdomen, and upon introducing a finger at the part from which they iſſued, we found that it paſſed with

eaſe into the thorax, through an opening in the upper and fleſhy part of the diaphragm.

The ſternum being now carefully removed, a moſt ſingular appearance preſented itſelf to our view :—On the right ſide, the liver was ſeen extending from the ſpine of the ilium up to the fourth rib. As the diaphragm was puſhed ſo high up on that ſide, the right lobe of the lungs was compreſſed into a very ſmall ſpace, but without being apparently diſeaſed. The heart and pericardium were likewiſe in a ſound ſtate, but the texture of the left lobe of the lungs was in a great degree deſtroyed by ſuppuration.

In tracing the courſe of the great cyſt already ſpoken of as filling the left ſide of the abdomen, we found it perforating *, as it were, the diaphragm, and then expanding again, adhering to the pleura and mediaſtinum, and filling almoſt the whole of the left cavity of the thorax. The upper

* For an account of the manner in which ſuch a perforation may take place, the reader is referred to Morgagni's celebrated work, *De ſedibus et Cauſis Morborum.* Lib. iv. epiſt. 54. ſect. 27.

upper part of this ſac communicated in ſeveral places with the diſeaſed lungs, and upon preſſing the latter, matter flowed into the cyſt. We introduced a probe into one of theſe paſſages, and it paſſed far enough into the ſubſtance of the lungs to account for the expectoration of pus through thoſe channels. If the patient had lived much longer, it is poſſible ſhe would have coughed up hydatids, as one of the openings from the cyſt into the lungs, was large enough to admit a gooſe quill.

We now removed the liver, an enormous maſs that weighed ſixteen pounds and a half, and upon cutting into the upper convex part of it, we found a large cyſt formed within its ſubſtance, and containing ten pints of hydatids.

Of the uſual appearance of the gall-bladder there was not the leaſt veſtige; but the ſtate of the firſt cyſt we had opened, the bile that was floating in it, the yellow tinge of the hydatids it contained, and the villous texture of its inner ſurface, left us no room to doubt that this ſac was the gall-bladder thus wonderfully enlarged and thickened. Of its communication with the

the ductus choledochus we could diſcover no traces; but that part of the cyſt which ſeemed the moſt likely to afford us ſome marks of it was deeply tinged with bile.

The uterus and its appendages, the ſtomach and inteſtines, ſpleen, pancreas, kidneys, and urinary bladder were all of them in a natural ſtate.

To the deſcription I have given of this ſingular diſeaſe it may not be improper to add, that I can find no reſemblance of it in the works of Bonetus, Morgagni, or any other collector of rare and extraordinary caſes, whoſe writings I have had an opportunity of conſulting. There are, indeed, not wanting inſtances * of enormous diſtentions of the gall-bladder, but all thoſe which I have read of differ very eſſentially from the one I have related.

* See Philoſophical Tranſactions, No. 333. p. 426. Edin. Med. Eſſays, vol. II. p. 303. Memoires de L'Academie de Chirurgie, tom. 1. p. 155.

Obſervations

VI. *Obſervations on that Species of Hæmorrhage which is occaſioned by an Attachment of the Placenta to the Cervix Uteri.* *By* ANDREW DOUGLAS, M.D. *Read May 7, 1782.*

A DISCHARGE of blood from the uterus, during pregnancy, which is always an alarming complaint, becomes dangerous when it occurs in the latter months; and is particularly ſo when occaſioned by an attachment of the placenta over the cervix uteri. This attachment, which has been over-looked by the earlier writers in midwifery as a cauſe of hæmorhage, ſeems to have been firſt taken notice of by Levret: but it has been well known and deſcribed by teachers of midwifery in this town, for many years paſt, as a circumſtance, which, whenever it takes place, muſt inevitably produce flooding at ſome period previous to delivery. This fact having been ſo long aſcertained, it is rather ſurprizing that it ſhould not have ſuggeſted ſome decided mode of treatment. The late Dr. Hunter, who deſervedly held a moſt

a moſt diſtinguiſhed rank in his profeſſion, had formed no determined opinion on this ſubject. He admitted the general principle of delivery as a laſt reſource; but pointed out no criterion by which we might judge when it would be proper to attempt it. I know ſome men of high character in the practice of midwifery who are inclined to recommend ſpeedy delivery; and Mr. Rigby of Norwich, in his Eſſay on Uterine Hæmorrhage, has furniſhed ſome uſeful obſervations on the ſubject: but the language ſtill too generally held is this:——*That by the continuance of the flooding the os uteri will loſe its rigidity, and that there is probably a point of time, when it will yield eaſy admiſſion to the hand for the purpoſe of turning, the woman ſtill having blood ſufficient for the performance of the animal functions.* If there were any real foundation for this idea, and we could by any ſign determine the critical moment, we ſhould have obtained the great deſideratum in the management of uterine hæmorrhages. But unfortunately the ſuppoſition is altogether viſionary; at leaſt my own experience abſolutely forbids any ſuch expectation.

I ſhall

I ſhall confine the few obſervations I have to offer, to the caſe already ſpecified, viz. that in which the placenta is attached over the cervix uteri. Till of late it was the received opinion, that the cervix uteri began to dilate about the third month, and continued gradually to ſtretch, and become ſhorter, till the term of geſtation was compleated. The late Dr. Hunter has enabled us to form more clear and correct ideas on this ſubject. His diſſections and accurate obſervations eſtabliſh as a fact, that the cervix uteri remains contracted through its whole length, to the ſeventh, eighth, or even ninth month. In none of the caſes where I have found the placenta preſenting, could the appearance of flooding be dated earlier than the ſeventh month; in ſome it did not commence till near the full term. At whatever period the dilatation begins, it will deſtroy the perfect union between the uterus and placenta; and blood will neceſſarily flow from the veſſels whoſe communications are broken. This, accumulating within the uterus, and ſeparating more and more of the placenta, will at laſt be ſufficient

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to overcome the reſiſtance at the os uteri, and a great diſcharge of blood will declare the dangerous ſituation of the patient. Not that the danger is always immediate, for the hæmorrhage ſeldom kills by a ſingle attack; but it abates, and returns, and every return brings increaſe of danger.

There is no caſe, in which it is of ſo much conſequence that the practitioner ſhould take his meaſures ſpeedily, or in which he is leſs at liberty to truſt to doubtful remedies.

Whenever we are ſatisfied that the flooding is in conſequence of an attachment of the placenta over the cervix uteri, delivery ſhould be attempted immediately: for could we ſuppoſe a caſe in which, notwithſtanding the loſs of blood, the powers of the uterus were undiminiſhed; theſe powers could not be directed to any good purpoſe. The placenta, adhering by its whole circumference, becomes a band which ſtrongly reſiſts the dilatation of the cervix; and at the ſame time acting as a cuſhion interpoſed between the child and the os uteri, prevents their ever coming into immediate contact. Hence the womb is deprived

deprived of that ſtimulus, which in other caſes is excited by the preſſure of the membranes and child at the os uteri; and were the labour pains ſufficiently ſtrong to overcome ſuch an obſtacle, the danger to the patient would not be diminiſhed, by the placenta being firſt expelled.

The principal objections to delivering early in uterine hæmorrhages, are founded on the rigid and contracted ſtate of the os uteri, and the danger of injuring it by efforts to dilate it. I ſhould wiſh this fear to operate ſo far as to prevent the haſty application of great force; but not to delay or check the intention to deliver, when regulated by gentleneſs and prudence.

In floodings near the full term, rigidity of the os uteri may not, even at the commencement of the attack, prove any obſtacle to the introduction of the hand. But I have not ſeen one inſtance of recovery, where, in the ſeventh or eighth month, there was no reſiſtance to my firſt endeavour to dilate. This very yielding ſtate of the os uteri is to me always an alarming ſymptom. It cannot be conſidered as the effect of uterine action, which

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in this caſe, if it takes place at all, is feeble and unavailing. We have every reaſon, therefore, to fear, that it is in conſequence of a diminution of vital power from blood already loſt. It therefore becomes of infinite moment to diſcourage every idea of waiting till the os uteri is ſoft and eaſily dilatable; ſince it is an event which very ſeldom occurs till our endeavours can be of no uſe. If delivery is long delayed, the womb, deprived of its energy by the greatneſs and continuance of the hæmorrhage, will not have power to contract itſelf when empty; and the veſſels opening on its internal ſurface, having their diameters undiminiſhed, will continue to pour out blood till the woman is quite exhauſted.

Another argument in favour of ſpeedy delivery, is the uncertainty of the manner in which different conſtitutions may be affected by a loſs of blood. While one ſurvives the effuſion of a quantity almoſt incredible, another ſinks under a diſcharge by which we are ſcarcely alarmed.

From the wiſdom with which our organs are adapted to perform their various functions,

functions; from my own experience and the obſervations of others, I am inclined to think, that the os uteri cannot be ſo ſuſceptible of injury as has been ſuppoſed. In many caſes of abortion, and premature labour, when thick, rigid and contracted, it ſuſtains for many hours, without any bad conſequences, the action of the moſt forcible pains. This ſpecies of action muſt be as great a violence to nature, as dilatation ſlowly and gently performed by a prudent and cautious operator. And the circumſtance of its being brought about in the one caſe, by the hard bones of a child's head acting on the os uteri from within; or in the other, by the hand acting from without, cannot make any eſſential difference in its effect upon the parts. The caſes which I have ſeen, juſtify me in thinking that we ought, on no account, to be deterred from attempting to deliver, where the danger is ſo imminent and certain; and the ill conſequences apprehended, ſo remote and doubtful. Mauriceau, La Motte, Deventer and others, have not expreſſed much fear of injuring the os uteri, even by introducing the hand

in the more early months of pregnancy. Le Roux, a reſpectable modern author, ſays, the os uteri is ſometimes torn with little inconvenience. I was myſelf called in after delivery, to a poor woman who had evidently ſuffered this accident, yet ſhe recovered without hæmorrhage, fever, or inflammation, and afterwards bore ſeveral children. In ſhort, I have ſeen enough to convince me, that Peu's prediction of certain death to the patient from uſing force to dilate the os uteri, is ill-founded; that rupturing the membranes, ſtimulating the os uteri, and truſting to the labour pains to deliver, as recommended by Levret and Puzos, cannot be depended on, in caſes where the placenta is attached over the cervix; but that where this ſpecies of attachment is certain, ſpeedy delivery affords almoſt the only chance of life to the patient. To effect this, our efforts to dilate the os uteri ſhould be purſued with gentleneſs, but perſeverance; and the delivery finiſhed by extracting the child footling, as ſoon as the hand of the operator can paſs. This will happen ſooner or later in different caſes, even when the circumſtances

cumſtances appear in all reſpects ſimilar. For although the continued application of ſome dilating power, may greatly diſpoſe the os uteri to relax, yet that relaxation does not ſeem altogether to depend on a mere mechanical cauſe, however applied. On the contrary, even at the full term, when the natural proceſs has not been precipitated, the os uteri will often, for a long time, reſiſt the ſtrongeſt action of the labour pains; and at laſt yield almoſt inſtantaneouſly. In abortion and premature labour the ſame is to be perceived in a ſtill greater degree. And in caſes of flooding or convulſions, when the practitioner has perſevered, even for hours, in his endeavours to dilate, with little ſenſible effect, it frequently happens that the os uteri ſuddenly loſes its rigidity, becomes ſoft, and readily admits of the neceſſary dilatation. This is perhaps to be accounted for, from the ſtimulus of the labour pains, or the operator's efforts, when urged to a certain degree, exciting ſome action of the uterus, of which this relaxation is an effect. And whether this is

the conſequence of mechanical or ſympathetical ſtimulus; it is ſufficient to encourage us to continue our attention, that we may be ready to avail ourſelves of the firſt favourable moment.

When the os uteri will admit the hand, delivery being then in our power, it may be finiſhed directly, or in a gradual way. A wiſh to ſave the child's life is the only inducement to follow the firſt method; but the ſafety of the mother is more certainly promoted by ſlowly extracting the fœtus. I generally endeavour to bring away the placenta as ſoon as poſſible, that I may with more effect introduce tow, or rag moiſtened with vinegar, ſo as to fill the vagina. This is what Le Roux calls the *tampon*, and has hitherto anſwered my expectations, in every caſe in which I have uſed it after delivery.

Thus have I ventured to give my opinion in favour of an old practice. If it has often failed to anſwer the purpoſe for which it has been recommended, many of the failures may juſtly be aſcribed to the means having been too long delayed. No one can be more averſe than I am, to interfere

interfere in Nature's operations, or to ſubſtitute my own efforts for thoſe of the conſtitution; but that ſpecies of hæmorrhage which ariſes from this unfavourable attachment of the placenta, does not encourage the ſmalleſt hope, that the conſtitutional powers will ever be able to act with any good effect. That ſo hazardous an operation as forcible delivery ſhould be undertaken with reluctance, is not ſurprizing: The idea will convey the moſt alarming ſenſations to the patient and her friends, and the ſucceſs muſt ever be doubtful, yet the operator will always be conſidered as particularly anſwerable for the conſequences. But when the life of a fellow-creature is at ſtake, when little is to be hoped from the efforts of nature, when the powers of medicine would diſappoint us, and endanger our patient by delay; no fear of cenſure, nor any conſideration, excepting that of her ſafety, ought to engage our attention for a moment.

VII. *An Account of an Aneuriſm of the Aorta.* *By* SAMUEL FOART SIMMONS, M.D. F.R.S. *Read October* 22, 1782.

THOMAS KENTON, of New Exchange Court, in the Strand, a middle-ſized man, about forty years old, by trade a bookbinder, was admitted under my care at the Weſtminſter General Diſpenſary, on the 18th of Sept. 1782.

He complained of a conſtant, and painful throbbing ſenſation in the right ſide of his cheſt, eſpecially about the upper part of the ſternum, a little below the clavicle. He had likewiſe a troubleſome cough, and breathed with extreme difficulty, like one who is in perpetual danger of ſuffocation. His face was livid and bloated, his pulſe in each wriſt was ſmall, and with difficulty to be felt, and his hands and feet were ſlightly œdematous.

The patient aſcribed the origin of all theſe complaints to a blow he had received on his breaſt ſix months before by falling out

out of a cart. Previous to this accident his health, he ſaid, had been unimpaired, but from that period he had conſtantly been afflicted with more or leſs of pain and pulſation in his breaſt, cough, and ſhortneſs of breath. For ſeveral weeks before I ſaw him he had been unable to lie on his back, and could ſleep only on his right ſide; but even in this poſture he was frequently obliged to ſtart up on a ſudden to avoid ſuffocation. His difficulty of breathing likewiſe was at times conſiderably increaſed, and attended with a moſt painful ſpaſm in the direction of the diaphragm, which he compared to a rope drawn tight round his cheſt. This ſtricture of late had returned at ſhorter intervals and with increaſing violence, ſo that when thus affected he could draw his breath only by leaning forwards.

Upon examining his cheſt the ſkin on the right ſide of the ſternum had a livid appearance, and the cutaneous veins were ſlightly varicous. The cartilages of the ſecond, third, and fourth ribs were puſhed a little outwards, ſo as to give an evident appearance of inequality to the two

ſides of the thorax, the right being much more prominent (eſpecially at its upper part) than the left, in which nothing preternatural was obſervable.

Upon laying my hand on the ſternum no pulſation was perceptible, but when my fingers were preſſed between the ſecond and third ribs cloſe to the ſternum, the patient complained of great pain, and at this part an obſcure, deep-ſeated pulſation might be felt.

As the caſe was intereſting I requeſted Dr. Bland and Mr. Ford, my worthy colleagues at the Diſpenſary, to ſee the patient. We all thought the moſt probable cauſe of his ſymptoms to be an aneuriſm of the aorta. He was accordingly adviſed to keep himſelf quiet, to loſe a little blood from time to time, as his ſymptoms might require, and to be careful not to exaſperate them by intemperance. Proper medicines were preſcribed at the ſame time to obviate coſtiveneſs, as of late he had often paſſed ſeveral days without going to ſtool.

He attended a ſecond time at the Diſpenſary on the 20th of September, and

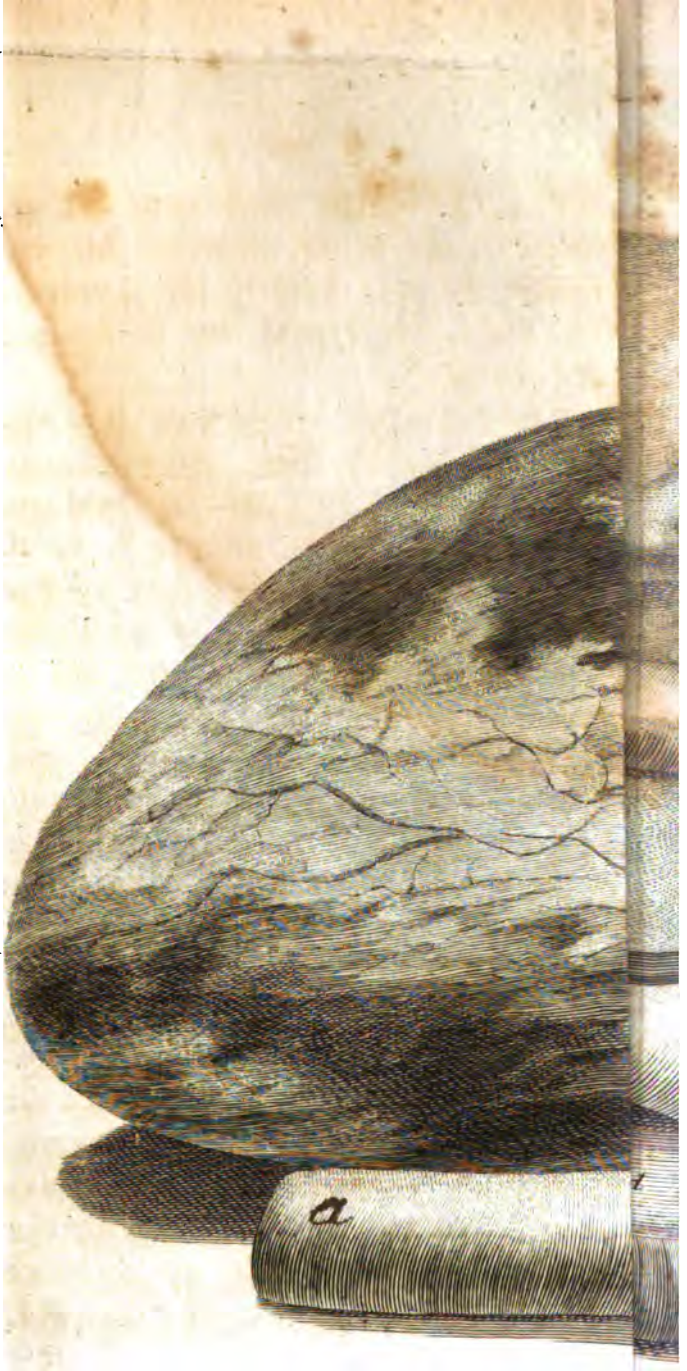
again

again on the 23d. His ſymptoms were in every reſpect the ſame as before. On the 27th in the morning he ſent to requeſt my attendance at his lodgings. I found him ſitting on a chair, leaning forward ſtruggling for breath, and unable to expreſs, by words, the uneaſineſs he laboured under. His face was more livid and bloated, and his hands and legs more ſwelled than before. He had ſent for ſome perſon in the neighbourhood to bleed him juſt before I ſaw him, but the taking away about ten ounces of blood had not ſenſibly relieved him. Soon after I entered the room he was ſeized with one of thoſe horrid ſpaſms which he had before mentioned to me, and during its continuance, which was for ſeveral minutes, every moment ſeemed likely to be his laſt.

When I viſited him again in the evening he was lying in bed, reclined on his right ſide and complaining leſs of the ſtricture than in the morning. In other reſpects his ſymptoms were unabated. Two members of this ſociety (Dr. Hicks and Mr. Watſon) did me the favour to accompany me at this laſt viſit, and to examine the caſe.

caſe. The patient died early the next morning, and in the afternoon Mr. Ford opened the dead body in the preſence of Dr. Bland, Mr. Dawes, Mr. R. Simmons and myſelf.

The abdominal viſcera were all in a natural and healthy ſtate. After removing the integuments from the intercoſtal muſcles, we could eaſily diſtinguiſh by the poſition of the latter, that a fluid was contained in the right cavity of the thorax. The ſternum, and part of the ribs on each ſide were carefully removed. The upper part of the ſternum was of a more ſpongy texture than is uſual in a healthy ſtate. Adhering to the pleura at this part of the ſternum was a large aneuriſm of the aorta. This was cautiouſly diſſected away, by which means the ſac was rendered ſo thin that in taking it out it burſt at this part, and was found to be filled with a coagulum, which towards the ſides of the ſac was every where of a firm buffy texture. Between the aneuriſmal ſac and the bodies of the vertebræ was the vena cava ſuperior adhering to the aneuriſm by means of cellular membrane, and ſo much compreſſed, that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that the irregularity produced in the circulation by this circumſtance, was probably the immediate cauſe of the patient's death.

The bodies of the vertebræ contiguous to the aneuriſm were covered with an appearance like diſeaſed glands ſuch as theſe bones frequently exhibit when they are begining to become carious. The lungs were not materially diſeaſed, but the right lobe was compreſſed into a ſmall ſpace by the ſac, and adhered firmly to the pleura. The heart was of its natural ſize and in a ſound ſtate. We collected about a pint of water in the right cavity of the cheſt, and there was likewiſe an ounce or more in the left.

Of the appearance of the aneuriſm in its ruptured ſtate, when taken out of the body, the ſociety will be enabled to form a very exact idea from two drawings by Mr. Tomkins, which accompany this paper. The preparation itſelf is in the poſſeſſion of Mr. Ford.

At the interior part of the ſac we found a a cyſt formed within its ſubſtance. It was large enough to contain a ſhilling, and was filled with a curd-like ſubſtance. It

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is repreſented in one of the drawings as it appeared after it was opened and emptied.

The aneuriſmal ſac itſelf was lined with a polypous concretion, to which it owed a great part of its thickneſs, and which peeled off after it had been macerated two or three days in water.

The aorta began to be præternaturally dilated a little above its origin from the heart, but the aneuriſmal ſac appears to have been formed by a partial dilatation of that artery at the anterior part of its curvature, for the aſcending branches are ſeen contiguous to each other, though ſomewhat larger than uſual.

Although an aneuriſm of the aorta is unfortunately one of thoſe diſeaſes in which the medical art can avail but little towards removing the complaint, yet ſomething may be done to palliate the ſufferings, and perhaps even to prolong the life of the patient by judicious treatment, eſpecially where the nature of the diſeaſe can be eaſily determined. It is therefore of conſequence to aſcertain its pathognomonic ſymptoms. For this purpoſe the preſent hiſtory may probably be

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of uſe. It corroborates the obſervations made by Ruyſch and Littre that an aneuriſm of the aorta may exiſt in a conſiderable degree with little or no pulſation, and that the pulſation may become obſcure in proportion as the firmneſs of the coagulum in the ſac increaſes.

The relief which the patient experienced in his breathing by leaning forwards, is likewiſe a circumſtance worthy of attention. The ſame thing was obſerved by Morgagni in a ſimilar caſe, where the aneuriſmal ſac preſſed on the vena cava ſuperior.

The ſpaſmodic ſtricture of the diaphragm alſo, when it accompanies other ſymptoms of diſturbed reſpiration and irregular circulation, may ſerve as an additional clue to the diagnoſtic in theſe melancholy caſes. In three inſtances of aneuriſm of the aorta which have fallen under my own obſervation this ſtricture has uniformly occurred.

By attending carefully to the ſymptoms that accompany diſeaſes of this ſort, we may in time, perhaps, be enabled to determine, how far this, or any other, has a right to be conſidered as pathognomonic. Incipient aneuriſms are at preſent generally confounded

confounded with other diſeaſes of the cheſt under the denomination of aſthma, and the ſymptoms remain but too often unnoticed till the diſeaſe manifeſts itſelf externally. Were the phœnomena of theſe complaints to be obſerved with accuracy from their earlieſt attack, we ſhould probably ſoon have leſs reaſon to complain of the obſcurity of this part of our pathology.

The knowledge of aneuriſms of the aorta has been very properly ranked among the improvements which did honour to the laſt century; and it would reflect equal credit on the preſent were we enabled to aſcertain the ſymptoms by which this diſeaſe may, with certainty, be diſtinguiſhed before there is external tumour with pulſation.

VIII. *An Account of a fatal Vomiting, apparently brought on by a Diſeaſe of the Kidneys. By the late* WILLIAM KEIR, M.D. *Phyſician to St. Thomas's Hoſpital. Read March* 25, 1783.

A WOMAN, about thirty years of age, complained of nauſea, which had continued two days before ſhe applied to me for relief, and which was attended with a vomiting of whatever ſhe ſwallowed.

More than a week had elapſed without any evacuation by ſtool. On examining her belly, a tumour, larger than a fiſt, was found deeply ſeated in the right ſide, nearly at an equal diſtance between the cartilages of the laſt falſe rib and the ſpine of the ilium. This tumour, which, from the thinneſs of the patient, could be diſtinctly felt both before and behind, was perfectly circumſcribed and moveable in every direction. She had obſerved it ſix weeks; and it was ſo free from pain, that ſhe ſuffered no uneaſineſs when a perſon, who imagined it conſiſted of hardened fœces, preſſed it ſo ſtrongly as to perſuade

perſuade himſelf of its doughy conſiſtence, and of having left the impreſſion of his finger on its ſurface. Her ſkin was hot, her tongue covered with a brown cruſt, and her pulſe about 120 in a minute. She could give no diſtinct account of any preceding diſorder, or of any cauſe to which her complaints might be aſcribed, except that her health had been bad for ſome time, and that ſhe had recovered but a few weeks before from an ague.

Three experienced practitioners, who examined the patient with me, were of opinion that the tumour was an accumulation of hardened excrement in the colon, and that the obſtruction thence ariſing occaſioned the vomiting and other ſymptoms.

In conformity with this opinion, a ſtimulating glyſter, and a carminative julep were recommended. The julep was immediately returned; but the glyſter after being retained ſome time, produced five ſtools. The vomiting, the tumour, and the other ſymptoms continued as before; notwithſtanding the repeated application, on the following day,

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of a liniment conſiſting of camphor diſſolved in æther, with a ſolution of ſoap in ſpirit of wine, and an eighth part of thebaic tincture, to the region of the ſtomach. Twenty grains of cathartic extract, with a grain of opium were then given; but in leſs than an hour they were vomited up. About this time her urine was obſerved to be in ſmall quantity, and, even when recently voided, to have a whitiſh turbid appearance.

With theſe ſymptoms, which, from this period, were frequently accompanied with a hiccough, ſhe lived ſix days; during which, a mixture, containing lemon juice and ſalt of tartar in effervescence, was often given without relief; and glyſters were from time to time injected, by which ſtools were generally procured.

About four or five days before her death, ſhe mentioned a ſlight uneaſineſs towards the left ſide of her navel, and a ſmall degree of pain at the pit of the ſtomach. From theſe however ſhe ſeemed to ſuffer but very little, for ſhe ſpoke of them only when ſhe was ſtrictly queſtioned whether ſhe felt any pain. The tumour already

mentioned never ſeemed to be attended with pain.

During the laſt two or three days her pulſe beat irregularly about forty ſtrokes in a minute. She was now inclined to ſleep much, but was eaſily rouſed, and free from delirium. Under theſe complaints ſhe gradually ſunk and died.

On examining the body, before diſſection, the tumour in the right ſide of the belly was found ſtill to retain its former ſize and ſituation; and on opening the abdomen, it was immediately ſeen to be the right kidney greatly enlarged. Its ſurface however was ſmooth and equal; and on cutting into its ſubſtance, it ſeemed to be ſound. A few ſmall irregular calculi adhered to the membrane lining the pelvis of this kidney, the cavity of which contained a ſmall quantity of bloody fluid. Blood alſo was found in the right ureter, which, in other reſpects, was in its natural ſtate. The right emulgent vein was ſo large as when flattened to meaſure more than three quarters of an inch in breadth. The correſponding artery was of the uſual ſize. Of the left kidney, which had a lobulated

bulated form, ſcarcely any thing ſeemed to remain but the inveſting membrane; which was filled with a ſubſtance like chalk reduced with water into the conſiſtence of thick paſte. Diſperſed through this were found ſome fragments of calculous matter of the ſize of grape-ſtones. The ureter of this kidney was of unequal dimenſions in different parts; in ſome, of the uſual diameter, in others, much dilated, and filled with a matter which appeared the ſame with that which was lodged in the kidney. The urinary bladder was empty; its ſubſtance was thicker than uſual; and the veſſels on its inner ſurface were more conſpicuous than they commonly are. But in none of the urinary organs could the ſmalleſt trace of inflammation be perceived.

The peritoneum and omentum diſcovered no ſign of diſeaſe. The ſtomach was perfectly ſound. In the inteſtines, (the whole length of which was carefully examined,) no veſtige of inflammation, or obſtruction, no unuſual quantity of excrement or of air, nor any mark of imper-

fection was ſeen. The liver and ſpleen were in a healthy ſtate; but a few ſmall tubercles appeared in the pancreas. In the thorax nothing preternatural was found.

The circumſtance, in this caſe, which appears chiefly to merit attention, is the vomiting connected with a diſeaſe of the kidneys, in which neither pain nor inflammation were concerned, and from which, as no other adequate cauſe could be found, the vomiting muſt be thought to have ariſen. This concluſion would be leſs allowable, if the preſent were the only inſtance of its kind. But although certainly rare, it is perhaps not entirely unexampled. A caſe with ſimilar ſymptoms is recorded by Morgagni *.

The patient, a man of ſixty, after being long ſubject to a vomiting, which had reſiſted many remedies, began to void his urine with a mixture ſometimes of blood and ſometimes of pus.

In a few days, under the continuance of theſe complaints, he died. In this caſe, pains of the thighs had been obſerved from

* De Sedibus et Cauſis Morborum. Lib. iii. Epiſt. 30. Art. 22.

from the beginning, with a frequent propenſity to diſcharge his urine, and a difficult retention of it, eſpecially in the night. A certain hardneſs too was perceived about the right "regio epicolica." But no pain appears to have affected the kidneys or the parts in their neighbourhood. From theſe circumſtances, joined with the conſideration that diſeaſes of the kidneys had been common in the patient's family, Morgagni concludes, (although the body was not examined by diſſection,) that the cauſe of the vomiting was a diſeaſe of the right kidney.

The facts which I have ſtated admit of uſeful application. 1ſt. They afford a proof of a cloſer and more extenſive ſympathy between the kidneys and the ſtomach than has generally been thought to ſubſiſt. It has long been known that the ſtomach may be much diſordered by diſeaſes of the kidneys, attended with inflammation or with violent pain; but that a ſtate of thoſe organs, accompanied with neither, ſhould produce a ſimilar effect, has not, I think, been commonly imagined.

2dly. They may help us to diſtinguiſh between diſeaſes of the inteſtinal canal,

and thoſe of the kidneys. If ſickneſs and violent vomiting ſhould occur without pain or any ſign of inflammation, the cauſe of the diſeaſe, even if conſtipation ſhould attend, might with more reaſon be ſought for in the kidneys than in the inteſtines; becauſe the nature and the ſtructure of the inteſtines hardly admit of the ſuppoſition, that a cauſe confined to them ſhould occaſion violent vomiting, without affecting the part where it is ſeated in a violent manner; which it can hardly do without producing a painful contraction, or an inflammatory ſtate; and I know no inſtance of an obſtinate vomiting produced by a diſorder of the inteſtines without pain; whereas we are now poſſeſſed of two caſes, where vomiting appears to have been ſupported with uncommon obſtinacy, by a diſeaſe in the kidneys without any mark in them either of pain or inflammation.

IX. *On the Efficacy of the Spiritus Vitrioli dulcis, in the Cure of Fevers.* By JAMES CARMICHAEL SMYTH, M.D. F.R.S. *Phyſician Extraordinary to His Majeſty. Read April* 8, 1783.

"WE may obſerve (ſays a late eminent writer) * that in fevers in "different countries and different ages, beſides thoſe remedies which have a manifeſt "action, phyſicians have uſed others, which, "though operating imperceptibly, were "imagined to be of ſome efficacy towards "conquering the diſeaſe."

A very little profeſſional experience, will convince any one of the truth of the preceding obſervation; and a further acquaintance with the ſubject will as certainly lead him to regret, that whilſt the remedies of the ſecond deſcription, which either theory or faſhion have introduced, are many and various; the number of the firſt are extremely limited.

The peruvian bark, the different preparations of antimony, and ſome of the neu-

* Sir John Pringle, in his Obſervations on the Diſeaſes of the Army.

tral ſalts, comprehend, I believe, all the medicines whoſe efficacy, independent of evacuations, are univerſally admitted in the cure of fevers. Whether or not the dulcified ſpirit of vitriol deſerves to be added to them, I ſhall leave to others to determine; and confining myſelf for the preſent, to the mere duty of an hiſtorian, briefly relate a few facts reſpecting the uſe of this medicine, which poſſibly may be thought not altogether unworthy of public notice.

The vitriolic acid has been long known as a uſeful remedy, and ſtands highly recommended by Riverius and Sydenham, for allaying febrile heat and thirſt, abating inflammation, reſiſting putrefaction and checking hæmorrhage; and Sydenham informs us, that he chiefly depended upon this medicine for moderating the eruptive fever in the confluent ſmall-pox.

The ſpiritus vitrioli dulcis, a compoſition principally of the volatile vitriolic acid and alcohol, differs very materially from the fore-mentioned medicine, and when prepared in the manner directed by the London College, ſhews little or no acidity

acidity to the taſte; but has a peculiar pungency, and agreeable flavour, reſembling the vitriolic Æther, or Æther of Frobenius, a ſmall quantity of which is commonly mixed with it.

This medicine, though long kept in the ſhops, has very ſeldom, I believe, been employed in practice; a preparation extremely analagous to it, well known by the pompous title of *liquor anodynus mineralis Hoffmanni* being commonly preferred as an antiſpaſmodic; but neither one nor the other (ſo far as I have been able to learn) had in this country, ever been uſed in the cure of fevers, previous to the year 1769; unleſs the dulcified ſpirit of vitriol may be ſaid to have been ſo, as forming part of the compoſition of a quack medicine ſold in town by the name of Clutton's febrifuge tincture *.

It was in the ſummer of the year 1768, that I began to make trial of the dulcified

* This medicine had long been laid aſide, and was little known, when it was again introduced to public notice by Mr. Sutton, who uſed it in the compoſition of a drink he gave to his patients under inoculation, which he called his *punch*.

fied ſpirit of vitriol in the cure of fevers. From reflecting on the ſenſible qualities and compoſition of this medicine, I was led to imagine, that I ſhould find it uſeful as a cordial and antiſeptic, in caſes of the putrid and malignant kind. A little experience convinced me that my conjecture was well founded, and that the medicine was poſſeſſed of powers even beyond what I had at firſt ſuſpected; but having at that time few opportunities of making ſuch experiments as would prove ſatisfactory, I applied to a friend, phyſician to one of the royal hoſpitals, of whom (after explaining to him my opinion of the efficacy of the medicine) I requeſted the favour that he would give it *alone*, in the firſt caſes of fever which ſhould occur at the hoſpital, and by ſo doing enable us to judge fairly of its real effects.

The five following caſes then, being the firſt in which it was thus adminiſtered, I ſhall give as they ſtand in my journal; and having myſelf minuted down the particulars of each, and taken the reports daily at the bed-ſide of the ſick, I can anſwer for the truth and accuracy with which they are related.

CASE

CASE I.

Ann Parker, a young woman about twenty years of age, who had been ſeized with a fever eight days before, was admitted into the hoſpital on the 25th of October 1768, with the following ſymptoms, viz. great weakneſs; lowneſs and anxiety; oppreſſion at the præcordia, with frequent ſighing, and conſtant drowzineſs, being always aſleep, unleſs rouſed by ſpeaking or calling to her; her tongue was white and moiſt; her neck and breaſt covered with many ſmall petechiæ of a dark brown colour; the heat of her body conſiderably increaſed, and her pulſe about 120 in a minute.

About five o'clock in the afternoon of the ſame day, ſhe began to take the dulcified ſpirit of vitriol in the following form;

℞. Spirit. vitriol. dulcis drachmas tres
Aq. puræ - - - libras duas
Sacch. albi - - - uncias duas
Miſce capt. uncias duas ſecunda quaque hora.

October

October 26th—Pulſe 108. She ſweated after taking the medicine; reſted well in the night, and has leſs of the oppreſſion and anxiety.

27th—Pulſe 94. The medicine agrees with her, and continues to occaſion a moiſture on her ſkin; ſhe is ſtill drowzy and doſing, but when rouſed is perfectly ſenſible. Having had no ſtool ſince her admiſſion into the hoſpital, ſhe was ordered to take the following bolus at bed-time:

R. pulv. rhabarb. - - - ſcrupulum unum
Sal. nitri - - - - grana decem
Syrup. ſimpl. q. ſ. fiat bol.

28th—Pulſe 88. The bolus purged her three times; ſhe continues to have a moiſture on the ſkin; reſted well in the night; is always aſleep even during the day, and has no complaint but weakneſs.

29th—Pulſe 86. Her ſkin cool and temperate; and excepting a conſtant drowzineſs, is free from complaints.

30th—Pulſe 72. The lowneſs and drowzineſs continue; in other reſpects ſhe is well. She was ordered beef-tea.

31ſt—Pulſe 62. Her ſkin is temperate; ſhe is ſtill low and languid; her urine does not break nor depoſite a ſediment.

Nov. 1ſt

Nov. 1ſt.—Pulſe 65. She reſted well in the night; as ſhe now begins to loath the medicine, it is diſcontinued, but not having recovered her appetite and ſtrength, ſhe was directed to take a decoction of bark, and a few days after was diſmiſſed cured.

CASE II.

William Winſbrough, a young man about nineteen years of age, who had been ſeized with a fever a week before, was brought to the hoſpital October 25, 1769. At the time of his admiſſion his ſkin was extremely hot; his pulſe 100 in a minute; he complained greatly of head-ach, anxiety, debility and dejection. When he endeavoured to put out his hands, or to ſhew his tongue, they were affected with a remarkable tremor. His tongue was white and moiſt; his countenance fluſhed, and the white of his eyes had a turbid appearance. There were florid petechiæ on his neck and breaſt, with a red raſh all over his breaſt and arms. He was ordered the dulcified ſpirit of vitriol, in the ſame manner as in the preceding caſe.

October

October 26th—Pulſe 80. He ſweated after taking the medicine; has paſſed a good night, and ſays that he is perfectly eaſy. Having had no ſtool, he was ordered a common glyſter.

27th—Pulſe 78. Complains of nothing but weakneſs. The moiſture continues on his ſkin; his tongue is ſtill moiſt and white; the glyſter having failed in procuring an evacuation, he was ordered to take at bed-time a rhubarb bolus.

28th—Pulſe 66. The bolus has operated four or five times; he continues to ſweat gently; the medicine agrees with him, and he is ſo much relieved by it that (to uſe his own expreſſion) he thinks it has ſaved his life.

29th—Pulſe 68, full and ſtrong. The tremor of his hands ſtill continues, though in a leſs degree, and his countenance has a dull and heavy appearance.

30th and 31ſt—Pulſe 68. His urine now breaks and depoſites a ſediment; he is free from complaint, and begins to have an appetite for food.

Nov. 1ſt—Pulſe 56. The tremor, petechiæ and raſh are now entirely gone; his

countenance

countenance is more lively; the *ſpirit. vitriol. dulcis* was now laid aſide, and he was ordered to take a decoction of bark and ſnakeroot.

Nov. 2d—Pulſe 52. His urine depoſites a lateritious ſediment; he ſtill complains of weakneſs and giddineſs, but expreſſes a deſire for meat.

3d and 4th—Grows daily ſtronger, and has, in a great meaſure, recovered an healthy appearance. A few days afterwards was diſmiſſed the hoſpital.

CASE III.

Sarah Ford, a woman about fifty years of age, was admitted into the hoſpital on the firſt of November, 1768. She was of a delicate and weakly conſtitution, and had for many years been ſubject to hyſterical complaints. About a fortnight before, ſhe had been ſeized with a ſhivering, ſucceeded by heat, head-ach, pain of her back, violent vomiting and purging. The vomiting had ſoon ceaſed, but the purging, though not ſo violent as at firſt, at the time of her admiſſion continued, together with

with head-ach and pain of the back, anxiety, weakneſs, lowneſs and great thirſt. Her pulſe was 120 in a minute.

The *ſpirit. vitriol. dulcis* was ordered in the ſame manner as in the two former caſes, only with this difference, that inſtead of three drachms there was half an ounce put to each quart of water. She was directed likewiſe to uſe the *decoct. album* for common drink.

Nov. 2d—Pulſe 92. She has only taken the medicine three times, and has always ſweated after taking it. Her head-ach ſtill continues, but the anxiety and pain of her back are greatly relieved.

3d—Pulſe 72. She ſlept but little in the night; the purging has entirely ceaſed; her ſkin feels temperate, and ſhe has no complaint but giddineſs and weakneſs.

4th—Continues free from fever, but is ſtill weak.

5th—Having no complaint but weakneſs, is directed to take a decoction of bark, and in a few days was diſmiſſed, cured.

CASE

CASE IV.

Ann Bird, a young woman nineteen years of age, was admitted on the 1ſt of November, 1768. About ſix days ago, ſhe was ſeized with a fever and ſore throat, attended with head-ach and vomiting. The *velum pendulum palati*, uvula, and tonſils were ſwelled and greatly inflamed. The inflammation was of a crimſon colour, with whitiſh ſloughs on the tonſils and uvula. She had great pain in ſwallowing, and even in ſpeaking; and ſometimes a degree of difficulty in breathing. There was a red efflorescence on her face and arms. Her pulſe was 120 in a minute. All her ſymptoms were greatly aggravated towards evening.

She was ordered the *ſpirit. vitriol. dulcis*, in the ſame manner as in the two firſt caſes, and alſo a gargle for her throat.

Nov. 2d.—She has ſweated conſtantly, though not profuſely, ſince ſhe began to take the medicine; has had a tolerable night, being neither ſo hot, nor having ſo much difficulty of breathing as before.

Has bled at the noſe in the night, and again this morning. The inflammation and ſwelling of the fauces are much abated, but the white ſloughs remain on the uvula and tonſils; and the red efflorescence is ſtill to be obſerved on one arm. She can ſwallow with greater eaſe, and ſpeaks more diſtinctly. Her pulſe is 78 and full, and ſhe complains much of giddineſs.

Nov. 3.—Her pulſe is now 80; her ſkin cool; her throat greatly better; has this morning again loſt a conſiderable quantity of blood by the noſe, and was alſo ſick at the ſtomach. Upon enquiry I learned that her menſes were obſtructed, and that the preſent time was the uſual period of their appearance.

4th—Her pulſe is 75, and her ſkin temperate. The redneſs which was upon her face and arms is entirely gone off; and there is now only a ſlight inflammation of a pale colour, on the uvula and tonſils.

5th—She is now free from fever, and the inflammation of the fauces is almoſt entirely gone. She was ordered the bark as in the preceding caſes, and in a few days was diſmiſſed the hoſpital, perfectly cured.

CASE

CASE V.

Elizabeth Ruſſel, forty years of age, about the 27th of October, 1768, was ſeized with the uſual febrile ſymptoms, accompanied with a ſore throat, ſickneſs, vomiting and purging. The vomiting was of ſhort duration; the purging continued for a day or two longer, but on the 2d of November, when ſhe was admitted into the hoſpital, had entirely ceaſed. Her complaints were now a ſoreneſs and ſtiffneſs of her neck, violent head-ach, and pains in her limbs. Her arms and hands appeared ſwelled, and there was a red efflorescence on her arms. The inflammation of the fauces was confined in a great meaſure to the *velum pendulum palati*, uvula, and *amygdalæ*, which were of a deep red colour; her pulſe was 130 in a minute.

She was ordered the *ſpirit. vitriol. dulcis*, as in the three preceding caſes.

3d.—Her pulſe is ſtill 130; ſhe has ſweated a little in the night; finds her-

ſelf no better, and thinks that her head-ach is rather worſe ſince taking the medicine.

Nov. 4th.—Pulſe 140.—She does not ſweat after taking the medicine; complains principally of pains in her limbs, and imagines that ſhe has, in ſome meaſure, loſt the uſe of her lower extremities. Her throat is not ſo much inflamed, and the inflammation is of a paler colour. Being coſtive in her body ſhe was ordered a glyſter, and a ſolution of cream of tartar in water for her common drink. The doſe of the *ſpirit. vitrioli dulcis* was alſo encreaſed in the following manner:

R. Spirit. vitrioli dulcis - ℈ drachmam unam
Aq. puræ - - ℥ uncias quatuor
Syrup ſimp. - ℈ - - drachmas duas
M. F. Hauſtus tertiis horis ſumendus.

5th.—Pulſe ſtill 130.—She has got out of bed this morning and looks tolerably well. Her tongue is clean; the inflammation of her throat is greatly diminiſhed, and ſhe has now no anxiety. The redneſs remains on her arms although her ſkin feels temperate. She complains much of pain and weakneſs in her limbs; ſays that the medicine occaſions no ſweating, though it heats

heats her much. She has had ſome looſe ſtools ſince ſhe uſed the cream of tartar drink.

She was ordered to loſe twelve ounces of blood, and to take the *ſpirit. vitrioli dulcis*, in the quantity and form firſt preſcribed.

Nov. 6th—The head-ach and pains of her limbs continue; the heat of her body is temperate; the efflorescence on her arms entirely gone, and there is only a ſlight redneſs remaining on the uvula and tonſils. Her pulſe is ſtill 130 in a minute, and intermits after every ſixth or eighth pulſation. She ſays that the medicine, even in the preſent form, makes her hot and thirſty; and as it appeared to have no effect in relieving her pains, it was diſcontinued, and a volatile julep was ſubſtituted in its ſtead, which agreed well with her, and ſhe ſoon recovered.

The *ſpirit. vitrioli dulcis* was adminiſtered in two other caſes of fever beſides the foregoing; in one of which it ſucceeded, but failed in the other; of theſe I can give no particular account, ſome private buſineſs having interrupted my attendance

at the hoſpital. I was, however, informed, that in the caſe in which it was unſucceſsful, though the doſe had been increaſed to a drachm, and continued for four or five days, it never occaſioned any permanent diaphoreſis, nor leſſened the frequency of the pulſe; but in that in which it ſucceeded, it produced a diaphoreſis, and operated much in the ſame manner as in the four firſt caſes.

The following table ſhews, at one view, the daily alterations in the frequency of the pulſe.

Day.	Caſe 1.	Caſe 2.	Caſe 3.	Caſe 4.	Caſe 5.
1	Pul. 120	Pul. 100	Pul. 120	Pul. 120	Pul. 130
2	108	80	92	78	130
3	94	78	72	80	140
4	88	66	—	75	130
5	86	68	—	—	130
6	72	68	—	—	—
7	62	68	—	—	—
8	65	56	—	—	—

Whoever conſiders with attention, the preceding caſes, and is acquainted with the uſual progreſs of fevers, accompanied by ſymptoms ſimilar to thoſe deſcribed, will readily allow, that theſe examples, though not very numerous, are ſufficient evidence of the efficacy of the medicine in queſtion; and

and that its power in removing the anxiety and reducing the frequency of the pulſe, was too remarkable to eſcape the notice even of the moſt careleſs of the profeſſion. But although the foregoing caſes may be thought fully to prove the efficacy of the medicine, it will, perhaps, be expected, that after fifteen years experience I ſhould give ſome more recent inſtances of its ſucceſs, or ſome further obſervations reſpecting its uſe. Of its ſucceſs, it would be an eaſy matter for me to give more examples, and to add to them ſome reſpectable teſtimonies from others, but the ſociety will probably be of opinion, that it is better to avoid the tediouſneſs of medical caſes and to give the reſult, rather than the detail of my experience on this ſubject.

In the firſt place, I think it neceſſary to obſerve, that any phyſician who ſhall give the dulcified ſpirit of vitriol indiſcriminately in fevers, and expect to meet with the ſame ſucceſs which followed theſe firſt trials of it, will, in all probability, be diſappointed; as the medicine, though of undoubted efficacy in certain caſes, is by no means of general application.

In the acute rheumatiſm, and in the various forms of the inflammatory fever, it is extremely improper; even in the caſe of Elizabeth Ruſſel, which appeared to me at the time a kind of *arthritis vaga* (or what is vulgarly called rheumatic gout) it evidently aggravated the complaint.

In hectic and pulmonic caſes, the advantage derived from it is trifling or doubtful.

In the remittent and common putrid fevers, I have ſometimes alſo preſcribed it without any apparent benefit; it is, however, but juſtice to acknowledge, that in ſuch caſes, I never yet have obſerved any bad conſequence to follow from its uſe; and that even where it failed of ſucceſs when given alone, it has been productive of the beſt effects, when joined with ſmall doſes of emetic tartar.

I may likewiſe with truth affirm, that in the low ſtate of putrid fevers, (where cordials are wanted) it is one of the beſt medicines of the kind, and I think greatly aſſiſts the bark in reſiſting the ſeptic tendency of the diſeaſe. But the caſes of all others, to which it ſeems to me the moſt

moſt peculiarly adapted, and where I have ſeen it produce the moſt ſudden and ſurprizing effects, are thoſe fevers occaſioned by contagion, or what are commonly called the jail or hoſpital * fevers. In theſe, as its cordial powers are more immediately neceſſary, ſo they are in general more evident and ſtriking; its operation alſo as a diaphoretic, is here of the utmoſt conſequence: for by promoting a perſpiration or ſweat, it promotes the only method in my opinion, by which theſe fevers (unleſs at the very beginning †) can poſſibly be cured. Upon the whole, I eſteem the dulcified ſpirit of vitriol a medicine of great

* For a deſcription of theſe fevers *vide* Sir John Pringle on the Jail Fever; and Dr. Lind's Eſſays on Fevers and Infection.

† In the ſummer of the year 1780, during my attendance upon the Spaniſh priſoners at Wincheſter, among whom a very fatal jail fever prevailed, I ſuffered two violent attacks of the diſorder; which I was fortunate enough to carry off each time by a ſtrong antimonial emetic, (viz. tart. emet. gr. ix.) and afterwards promoting a profuſe ſweat. But though by theſe means I removed the fever for the time, it was more than ſix months before I recovered my uſual health; being weak and low, with loſs of appetite, ſubject to frequent nauſea, and occaſional returns of fever.

great utility in the cure of putrid fevers in general, and more particularly ſo in thoſe ariſing from contagion; nor do I know (excepting perhaps emetic tartar, or ſome ſimilar antimonial) any one medicine to be preferred to it; not even the peruvian bark itſelf, tho' ſo ſtrongly recommended by Sir John Pringle *, an authority in phyſic to which I ſhall always pay the higheſt deference and reſpect.

* It is a circumſtance perhaps deſerving our notice, that in the cure of the jail fever, Sir John Pringle never gave the bark till the third or laſt ſtage of the diſeaſe; a period when I apprehend the cure to be very much out of the reach of art, and when all the advantage to be derived from any medicine is merely the palliating or obviating of ſymptoms. Neither would the ſucceſs attending his practice induce us to follow his example, as he acknowledges, with his uſual candour, that at Ipſwich he loſt at leaſt one fifth of his patients.

X. *A Caſe of Ptyaliſm, apparently occaſioned by a diminiſhed Secretion of Urine; by* SAMUEL DANIEL, M.D. *of Crewkberne in Somerſetſhire. Communicated by* Dr. SIMMONS. *Read April* 8, 1783.

MRS. H——, aged about forty-five years, was in general healthy, till about three or four months before I ſaw her, when ſhe complained of pains in her loins; they were neither violent nor conſtant, but extended from one ſide to the other. In this ſtate ſhe continued for ſome weeks without any other complaint, but at the end of that time ſhe perceived that the quantity of her urine was conſiderably diminiſhed; and at the ſame time obſerved, that ſhe had an immoderate diſcharge of ſaliva. The latter ſecretion had been gradually increaſing till the time I was conſulted, when I was informed, that ſhe frequently ſpit a pint and a half, and ſometimes a larger quantity, in the ſpace of twenty-four hours. She always obſerved that her ſpitting increaſed in proportion as her

her urine diminiſhed, and *vice verſa*. The ſaliva, ſhe ſaid, had conſtantly a ſaltiſh taſte. She was in other reſpects well, and the greateſt inconvenience attending her complaint was the Ptyaliſm.

Being of opinion that the cauſe of this ſymptom was ſome obſtruction of the urinary ſecretion, I recommended the uſe of diuretics. Accordingly ſhe took the fixed alkaline ſalt in conſiderable doſes, which very ſoon had the effect of promoting that ſecretion, and of leſſening that of the ſaliva; in ſhort, the patient was ſo well pleaſed with its ſucceſs, that ſhe wiſhed to perſevere in its uſe without trying any other remedy; and did perſiſt in it till the complaint entirely diſappeared.

XI. *An*

XI. *An Account of an uncommon Difficulty in Deglutition.* By the late WILLIAM KEIR, M. D. *Phyſician to St. Thomas's Hoſpital. Read April 22, 1783.*

IN the month of February 1781, a man about fifty years of age was admitted into St. Thomas's hoſpital, with the following ſymptoms:

Whatever he ſwallowed, after being ſtopped in its deſcent towards the ſtomach by ſome obſtacle which appeared to him to be ſeated about the middle of the ſternum, was, in leſs than a minute, thrown up again with violence. Some water was given him to drink, that what he had deſcribed might be ſeen. Although he ſwallowed the water with eaſe, it was almoſt immediately returned; and the retching, which brought it up, was attended at the ſame time with a cough. The water, he ſaid, after deſcending to a certain depth, ſeemed to meet with wind, and to return along with it. Theſe ſymptoms had ſubſiſted but a few days.

His

His breathing alſo was difficult, and often interrupted by a cough, which had harraſſed him ſome months, and was accompanied with a plentiful expectoration of a matter which had the appearance of pus. His breath was extremely fœtid. He was much emaciated; and, for ſome time, had been ſubject to frequent chilly fits.

Theſe ſymptoms naturally ſuggeſted their own explanation. When I conſidered the duration of the cough, the difficult reſpiration, the frequent returns of coldneſs, the fœtor of the breath, and the purulent appearance of the expectorated matter, I could hardly doubt that the lungs were ulcerated. And when I reflected on the cough occurring at the ſame inſtant with the retching; and, eſpecially when, after giving the patient ſome pure water to drink, I thought I could perceive what he immediately threw up to be ſtreaked with pus, I conjectured, that the ulcer, at firſt in the lungs, had extended to the trachea and œſophagus, and had formed a paſſage from the one into the other; that the œſophagus, rendered more irritable by its

its diſeaſed ſtate, was excited into inverted contractions by what was ſwallowed, and thus threw moſt of it back into the mouth, inſtead of conveying it into the ſtomach; and that a part of the food or drink, entering the trachea by the opening the ulcer had made, produced the irritation and cough with which the retching was attended.

Although this view of the nature of the diſeaſe yielded no hopes of a favourable iſſue, I was anxious not to omit any thing that might be thought to afford the ſmalleſt proſpect of relief. The patient's pulſe was ſtrong, frequent, and hard; and as his account of the duration of the diſeaſe was not ſo clear and conſiſtent as to exclude the poſſibility of a recent inflammatory affection of ſome parts within the cheſt, I directed ſome blood to be taken from his arm, and a large bliſter to be applied to his breaſt. His feet and legs were fomented; and the oxymel of ſquills was given in ſmall doſes, frequently repeated. But all theſe attempts were fruitleſs; he died on the fifth day after his admiſſion into the hoſpital.

On

On examining the dead body, the conjecture I had formed before was confirmed. In the upper and back part of the right lobe of the lungs a large ulcerated cavity was found. This ulceration had not only penetrated but almoſt deſtroyed the ſubſtance of the œſophagus, from the firſt to the third or fourth vertebra of the back. The cavity of the ulcer might thus be ſaid to have made a part of the paſſage from the mouth into the ſtomach. The ulceration communicated with the trachea by an irregular opening more than half an inch in length, which paſſed through the ſubſtance of the trachea, and the little that remained of the ulcerated part of the œſophagus. A conſiderable quantity of pus was found in the trachea. The œſophagus, both above and below the ulcer, contained a little of the ſame fluid; and a conſiderable quantity of it was found in the ſtomach.

This caſe exhibits an inſtance of a ſpecies of dyſphagia, which might be expected to occur ſometimes at the cloſe of pulmonary conſumptions, but of which I have met with no deſcription in any author. Bonetus indeed,

indeed, in his *Sepulchretum Anatomicum* (Lib. iii. Sect. viii. Obſ. lxiv.), relates the caſe of a man, who, having been long afflicted with pains in his back, vomited at length a large quantity of black matter, which, on diſſection, appeared to have been conveyed from its original ſeat in the left lobe of the lungs, through an opening of the oeſophagus, into the ſtomach; but the trachea does not ſeem to have been injured, nor is any dyſphagia mentioned in the hiſtory.

XII. *A Caſe of Aſcites, in which the Water was drawn off by tapping the Vagina.* *By* HENRY WATSON, F.R.S. *Read May* 6, 1783.

THE wife of Mr. Whithey, in Brook-ſtreet, Holborn, a middle aged woman, of rather a delicate conſtitution, and relaxed habit of body, the mother of ſeveral children, had been troubled for about two years and a half with anaſarcous ſwellings of her legs and thighs, which at length produced a compleat aſcites. She was alſo much incommoded by an *hernia umbilicalis*.

Upon my firſt viſit, (in June 1777) I found her belly prodigiouſly diſtended by a large collection of water, the fluctuation of which, was evident enough above the navel, but not ſo diſtinct below it; for in the lower region of the abdomen, we had a very conſiderable and extenſive hardneſs, which rendered the undulation obſcure.

Her belly, now very pendulous, reached half way down her thighs. Her reſpiration was much oppreſſed; and ſhe was in great need

need of ſome immediate or temporary relief. During this examination, I obſerved a tumour between the *labia pudendi*, extending far back towards the anus. The appearance was that of a partial prolapſus of the vagina, and was occaſioned by the water which evidently flowed into this part from above; for I could eaſily return the vagina upon preſſing back the water; but on removing my hand, the water would as readily force it down again.

The patient being thus circumſtanced, I determined, in the preſence of the late Dr. Cooper, and Mr. Smith, of Greville-ſtreet, Holborn, her apothecary, to draw off the fluid, by puncturing the vagina; which, in this caſe, appeared to be the moſt eligible part for the operation.

Having fixed my patient conveniently, in a ſtanding poſture, leaning on the back of a chair, I paſſed a large hydrocele trocar through the vagina, and drew off four gallons of a greeniſh fluid, a little viſcid, but without the leaſt offenſive ſmell. An ale-houſe quart of this fluid weighed two pounds and a half, ſo that the whole weight of the fluid was forty pounds; a heavy burthen for her to bear.

After ſhe had parted with ſome quarts of this liquor, being a little fatigued with her poſture, we ſat her down over a cloſe-ſtool pan, where ſhe continued till ſhe was pretty compleatly drained.

The canula was left, and continued in all night, but ſhe had been ſo well emptied, that very little more water was diſcharged during that period.

The next day we found her greatly relieved; ſhe breathed pretty freely, with eaſe, and felt, as ſhe expreſſed herſelf, very comfortably, having got rid of ſo great a weight. She alſo made water freely, which ſhe had not done before ſhe underwent the operation. She had indeed had ſome pain in her bowels, but having had two or three ſtools that pain was entirely gone off. Her only complaint was lowneſs, for which the cortex was preſcribed, with cordials, warm embrocations, and proper nouriſhment.

Upon removing the canula, an hydatid preſented itſelf through the wound, but when I took hold of it, and endeavoured to draw it out, for it was empty, ſhe complained that I hurt her bowels; I therefore

cut

cut off, with a pair of ſciſſars, all I had drawn out, which appeared to be part of a pretty large gelatinous bag; ſhe then grew perfectly eaſy.

Though the quantity of water drawn off was ſo great, yet the lower part of the abdomen ſtill remained large and hard: this led me to conclude, we might have more hydatids, an indurated liver, or a diſeaſed omentum to contend with; and that the caſe would at laſt end fatally.

For about a fortnight or three weeks ſhe continued mending; her appetite returned; her ſpirits grew better; ſhe ſeemed to gather ſtrength, and flattered herſelf with a recovery; but in the following month of July, ſhe began to have freſh pains in her bowels, grew low from loſs of appetite, and filled again; ſo that on the 17th of Auguſt ſhe was obliged to be tapped a ſecond time, when the operation was performed in the ſame part, and preciſely after the ſame manner as before.

By proper care and attention, her diſeaſe had probably been much reſtrained; and it was owing, in ſome meaſure, to her having conſtantly worn a flannel roller very

tight about her body, that ſhe had filled ſo ſlowly; for it was above two months from the firſt, before ſhe was under the abſolute neceſſity of ſubmitting to a ſecond operation.

The fluid now evacuated was of a bilious colour, more viſcid than at the former operation; yet thin enough to paſs through the canula.

She again bore the evacuation without fainting, but was very low after it. We got her into bed as ſoon as poſſible; a pleaſant cordial was preſcribed, to take a little of now and then, with white wine whey occaſionally.

She had a bad night after this laſt operation, ſuffering much pain in her belly; and on the ſecond day her menſes returned. She had indeed been always pretty regular in that reſpect, but her diſcharge had been very pale, and in a large quantity, tho' of ſhort duration. She was for a little time reſtored again, and held out till the month of November, being at times better or worſe, and not filling very faſt. At length her appetite falling off, ſhe grew daily weaker and weaker, nor was it in the

power

power of medicine to preſerve life any longer.

She died in the month of November, Dr. Cooper, and Mr. Smith, were preſent at the opening of the body, which was performed two days after her deceaſe.

The whole ſurface of the ſkin was of a pretty deep yellow colour.

The cavity of the thorax was conſiderably diminiſhed, owing to the diaphragm having been forced very high up into the cheſt, by the accumulated waters; but the lungs, though they were much confined, appeared very healthy. There was no water in this cavity, nor any unuſual quantity of it within the pericardium.

The heart was uncommonly ſmall, and I have never met with one, before or ſince, ſo buried, as it were, in fat.

As there was ſtill evidently water in the abdomen, I introduced a trocar, and drew off ſeveral pints of it, which were very yellow and viſcid, and a few ſloughs flowed through the canula along with it.

Upon opening this cavity we found more of the viſcid fluid, lying in the hollows on each ſide the loins, and in the pelvis.

The omentum was ſmall, but very thick and fleſhy, as it often is after inflammation; it adhered partly to the peritoneum at the navel, and, by two long proceſſes, to the enlarged ovarium.

The ſtomach was ſound, but much diſtended with air.

The ſmall inteſtines were much inflamed, the inflammation running lengthways, in broad ſtreaks of a bright vermilion colour, ſo as to exhibit rather an uncommon appearance. This inflammation was perhaps occaſioned by her having towards the latter end of her life, drank very freely of ſpirituous liquors.

The large inteſtines were not at all inflamed, but loaded with fat, as were alſo, the meſentery and meſocolon.

The liver was of a bright yellow colour throughout, with its form ſo altered, that there was no diſtinction of lobes to be obſerved. It was exceedingly thick, of an oblong figure, with its thin edge ending in a large round protuberance.

The kidneys, ſpleen, and pancreas, were very ſound, and of their uſual ſize, form, and complexion. The uterus appeared ſmall

and

and firm. The right ovarium was a little enlarged, and of a deep yellow colour; but the left was transformed into a large hydatid or cyſt with thick coats, which contained a yellow viſcid fluid, like to that we had before obſerved in the abdomen; and was beſides divided into cells, ſome of which were filled up with a glairy mucus; others contained ſmall hydatids, whoſe thin diaphanous coats were filled with a clear lymph; and others again contained purulent mucus mixed with congealed blood.

The hydropic ovarium was about the ſize of a pig's bladder when diſtended, and occupied the cavity of the pelvis; a ſituation it certainly had not gained at the time we operated; for it was evident, that the trocar had never reached this bag, and the great quantity of fluid evacuated by the two operations, muſt have been contained in the general cavity of the abdomen, there being no other that would have contained ſo much.

The caſe then appears to have been a complicated dropſy, viz. an aſcites, with an encyſted dropſy of the ovarium.

Of

Of all parts, the vagina is certainly the moſt convenient to puncture, for draining off completely, the fluid collected within the abdominal parietes, as it is the very loweſt, and moſt dependent part of that cavity.

In the common way of tapping, whatever poſition we place the patient in, whether ſitting on a chair, lying upon a bed, as the French ſurgeons adviſe, or in any other ſituation, we never can evacuate all the water; ſome muſt and will remain within the pelvis, or lateral parts of the abdomen, becauſe the puncture is always made conſiderably above the moſt dependent parts; but in this new method of operating, we can drain off almoſt every drop of the fluid.

The centre of the vagina, is the proper part to be punctured, as the veſſels are ſmalleſt there, the larger branches lying on the ſides.

In performing this operation, as the vagina is never diſtended to the tightneſs of a bladder filled with air, it will be apt to recede from the trocar.

In order therefore to make the puncture well and ſoon, it is neceſſary to paſs two or three

three fingers up the ſide of the vagina, partly behind the bag, that by preſſing it gently, we may confine the fluid, and make the bag as tenſe as poſſible, which will be found greatly to facilitate the introduction of the trocar.

I have thrice performed this operation, with all deſirable ſucceſs. The firſt time was in the preſence of Dr. Denman, whoſe patient I tapped through the vagina with a lancet, when we had indeed a conſiderable bleeding; for in moſt dropſical patients the poorneſs of the blood, and the relaxed ſtate of the veſſels incline them to bleed freely, and the vagina is a very vaſcular part: but if we uſe the round trocar, which is by much the better inſtrument for this operation, we have ſcarcely any bleeding of conſequence, the canula making an equal preſſure all round upon the mouths of the divided veſſels.

A long towel or band is to be wrapped round the abdomen, as in the common operation, to keep up a moderate preſſure during the flow of the water.

A flannel roller dipped in ſpirits muſt alſo be applied after the operation, and a thick

thick warm cloth is to be placed conveniently over the pudendum, ſo as to imbibe any moiſture that may ooze from the wound; but to the wound itſelf, there is no need of any application.

XIII. *A Caſe of Peripneumony, attended with Emphyſema. By* GEORGE HICKS, M.D. *Phyſician to the Weſtminſter Hoſpital. Read May* 20, 1783.

AS a faithful and accurate inveſtigation of diſeaſes can alone render their hiſtory complete, I flatter myſelf the ſociety will think with me that every unuſual and ſingular appearance that may ariſe during the courſe of a diſeaſe, ſhould be well marked, and carefully recorded. I therefore beg leave to communicate to them the following caſe.

J. B. aged about thirty-three years, was ſent to me with a letter, from Dr. Bromfield, deſiring me to procure him admiſſion into the Weſtminſter Hoſpital. He gave the following account of his complaint: That he had been all the preceding night working on board a barge near Fulham, in an extreme thick fog, in the month of November; and towards the morning was ſeized with a great difficulty of breathing, oppreſſion at the præcordia, cough, pain in his breaſt and ſide; all which ſymptoms

increaſed

increaſed to ſuch a degree before night, as to induce a lady at Fulham to ſend him to town, that he might be admitted into an hoſpital.

I ordered him that night a copious bleeding, a clyſter, and ſome cooling medicines. At my viſit the next morning, I found the pulſe, though leſs oppreſſed than the evening before, ſtill full and labouring, and a whitiſh puffy ſwelling on the breaſt, neck, and upper parts of the cheſt; which to my ſurprize, proved to be air, in the cellular membrane, for on preſſure of the hand, the air receded into the adjacent parts, with the crackling noiſe common in caſes of emphyſema from broken ribs. This remarkable ſymptom induced me to enquire more particularly, whether he had, by fall or otherwiſe, received any hurt on his breaſt, or ſide. He aſſured me he had not, but that he had for ſome hours worked hard during the night, and ſweated profuſely.

For twelve or fourteen days this emphyſema proved a troubleſome ſymptom; diſappearing to a certain degree, and recurring again frequently, notwithſtanding the moſt effectual remedies commonly had recourſe

recourſe to in caſes of peripneumony were employed; ſuch as bleeding, bliſters, diſcutient fomentations, ſmall doſes of antimonials, cool air, &c. When by theſe means a moderate expectoration had come on, and the pulſe was rendered more ſoft, free, and regular, I ſtill obſerved that on the increaſe or return of the emphyſematous ſwelling about the breaſt and neck, there was a conſtant exacerbation of the peripneumonic ſymptoms. After the total diſappearance of the ſwelling on the cheſt, there remained ſo great an irritability of the lungs, ſo much cough, and ſuch a diſpoſition to hectic fever, as to require repeated ſmall bleedings, once or twice bliſtering, and other remedies. And though in general we think the air of hoſpitals ſo unfavourable to patients with pulmonic complaints, yet ſuſpecting the free manner of living he would uſe at home, might prove more injurious than the air of the hoſpital with the ſtrict regimen I made him obſerve, I ſuffered him to remain there ſeven or eight weeks, and then diſcharged him perfectly well.

XIV. *A Caſe of Emphyſema, brought on by ſevere Labour Pains. Communicated by* SAMUEL FOART SIMMONS, M. D. F.R.S. *Read June* 17, 1783.

IN a converſation with Dr. Bland, phyſician man-midwife to the Weſtminſter General Diſpenſary, I happened to mention the remarkable caſe of emphyſema communicated lately to the ſociety by Dr. Hicks. This brought to his recollection a curious inſtance of a ſimilar affection, which occurred to him ſeveral years ago in a female patient, and which was evidently the effect of ſevere labour pains. As caſes of this ſort are extremely rare and intereſting, and do not ſeem to have been hitherto ſufficiently noticed by medical writers, I requeſted Dr. Bland to give me the particulars of the fact in writing, and he has accordingly favoured me with the following account, which I ſhall preſent to the ſociety in his own words:

" Mrs.

" Mrs. J. Iſmay, the wife of a watch-
" maker in Chancery-lane, a ſtrong and
" healthy young woman, in the courſe of
" a tedious and uncommonly ſeveré labour,
" forced a quantity of air into the cellu-
" lar membrane of her neck. Her whole
" face and neck, and the upper part of
" her body were enlarged; her eyes were
" inflamed, and her eyelids ſo ſwelled that
" for ſome time afterwards ſhe could with
" difficulty open them. The ſpace occu-
" pied by the emphyſema might be co-
" vered with a hand, and the centre of it
" was about the point where the right
" clavicle joins the ſternum. It was not
" perceived till the day after the patient
" was delivered, but the crackling occa-
" ſioned by preſſing any part of that ſpace
" left no room to doubt what the tu-
" mour contained. It occaſioned but lit-
" tle trouble or uneaſineſs, and was en-
" tirely diſſipated within ten or twelve
" days."

XV. *An Account of a large Aneuriſm in the abdominal Portion of the Aorta; with ſome introductory Reflections on the Artery in its diſeaſed State.* By HENRY WATSON, F.R.S. *Read June* 17, 1783.

THE artery is the veſſel employed for conveying the blood from the heart, to every part of an animal body; and its ſtructure is certainly wonderfully adapted to that purpoſe; for as it is compoſed of a ſoft, yielding and elaſtic ſubſtance, it can eaſily accommodate itſelf to the quantity of fluid it may at any time contain; and the artery is therefore always in contact with the blood. Pipes or tubes conſtructed of ſubſtances that have not this elaſtic property, can never contain more than a given quantity of fluid; if they contain leſs, it can never be in contact with every part of the tube.

The artery has a growth in common with all the other parts of an animal body; is itſelf vaſcular, and organized, and therefore, muſt be liable to the diſeaſes of vaſcular and organized parts.

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In the ſound and healthy ſtate of the arterial ſyſtem, the circulation of the blood goes on regularly, and without interruption; but if any part of it be diſeaſed, the circulation will of courſe be more or leſs affected.

An artery nevertheleſs, may be completely diſeaſed throughout, and yet the circulation go on tolerably well, as in the caſe of an offified artery; in which, though the veſſel be converted into a rigid bony tube, yet being ſtill pervious, it admits a free paſſage to the blood; which, in this caſe, is propelled by the force of the heart only.

This ſtate of the artery, abates greatly the vigour of the circulation, and may lay a foundation for other diſeaſes; viz. anaſarca of the limbs; univerſal dropſy; lethargy; and even mortification; though this laſt diſeaſe is not, by any means, ſo often the conſequence of an offified artery as we are generally taught to believe.

If any principal artery ſhould be much thickened and condenſed, the circulation will be diminiſhed in all the branches immediately proceeding from that trunk;

though in other parts of the body it may be accelerated. But ſhould any conſiderable artery be only partially diſeaſed, yet ſufficiently ſo to reſiſt the *impetus* of the blood, the neighbouring ſound portion of that veſſel may then ſuffer ſome preternatural enlargement.

If the dilatation or enlargement goes on gradually and ſlowly, the coats of the artery will be equally diſtended, and a true aneuriſm will be formed; in which caſe it cannot be obſerved that any of the arterial coats are ruptured, or have, given way; and indeed, it is amazing to what a ſize, a veſſel, of but ſmall diameter, may be extended, before it will burſt.

The true aneuriſm then, in which the whole ſubſtance of the artery is equally diſtended, may be conſidered (and not improperly) as the milder ſpecies of the diſeaſe, ſlow in growth and tedious in its termination. But if any of the coats of an artery ſhould be ſuddenly ruptured, the tone of the veſſel will at once be deſtroyed; and the impetus of the blood will diſtend this weakened portion of the veſſel

veſſel ſuddenly and haſtily, more particularly if it is near the heart. The tumour will be almoſt inſtantly formed, will encreaſe faſt, direct its courſe wherever it meets with the leaſt oppoſition, and will go on enlarging till it burſt. If it gives way by a ſmall aperture, the patient will die ſlowly; if by a large one, his death will be ſudden and inſtantaneous.

The tumour of the artery generally aſſumes a globular or ſpherical form, but the dilatation of a vein (commonly called a *varix)* takes an oblong ſhape. What is the reaſon of this? They are both blood veſſels, and the blood, preſſes on all ſides equally in both; but the ſtructure of the vein differs conſiderably from that of the artery: moſt of the veins have valves, which divide the blood into ſhort columns, and at the ſame time act as collateral ligaments, reſiſting, as much as poſſible, an over diſtention. The impetus of the blood on the vein, is alſo very little, compared with that exerted on the coats of the artery. Hence it is, perhaps, that the tumour of the vein is always oblong, knotty, irregular

and ſerpentine, and never ſhaped like the tumour of the artery.

The tying up a ſound artery, never produces any aneuriſmal ſwelling; the reaſon is, I think, obvious enough: the collateral branches, immediately above the ligature, gradually enlarging, carry off the fluid blood, and prevent accumulation. The blood remaining between the ligature and the firſt collateral branch, as it is out of the route of the circulation, will ſtagnate, contract, and ſoon glue itſelf to the inſide of the artery, thereby preventing hæmorrhage when the ligature drops off.

We have, without doubt, gained conſiderable information from the many caſes of aneuriſms publiſhed ſince that diſeaſe has been more particularly noticed, better deſcribed, and better underſtood. But the hiſtory of the diſeaſe is not yet complete; every aneuriſmal tumour will be found to have its peculiarities, and of courſe may afford ſome uſeful information. It needs then no further apology that I take the liberty of laying before the Society the following account of an aneuriſm, the largeſt I have ever met with in any part of the aorta;

aorta; and for which I am indebted to the ingenious Mr. William André, of Mortimer-ſtreet, who made the diſſection.

Richard Smith, a maſon, about fifty years of age, a ſtout muſcular man, in the year 1772, after lifting a heavy burthen, felt a pain in the ſmall of his back of the ſpaſmodic kind; returning at intervals by fits, which were very violent, and relieved by nothing but opiates.

During the firſt ſix months of his illneſs, the pain was confined to the back; but after this period, it began to extend towards the left ſide; and ſoon after a ſwelling appeared under the falſe ribs on that ſide. This ſwelling gradually extended itſelf to the os ilion; and at the ſame time the pain was alſo extended, being now neither confined to the back, nor to the ſide, but felt throughout the whole abdomen.

When the poor man was firſt attacked with this complaint, he was able to work at his buſineſs, though a laborious one; but always, after lifting any heavy weight, found the ſymptoms increaſe.

He was frequently affected with ſhortneſs of breath, troubleſome cough, and difficulty in making water; which laſt ſymptom induced him to think that he had the gravel. The day before he died his urine was tinged with blood.

Mr. André firſt ſaw him on the 29th of September, 1773, (about eighteen months after the accident) in company with his apothecary, Mr. Saunders. He was in bed, and had all the appearance of a dying perſon; no pulſe was to be felt at his wriſts, but on applying the hand to the ſwelling, a very ſtrong and evident pulſation might be felt. He died about eleven o'clock the ſame night.

Having obtained permiſſion, the body was opened the next day.

The abdomen felt hard and tenſe, although the ſwelling had rather ſubſided; and on opening this cavity, a large, oblong, and very prominent tumour immediately appeared in view, extending on the left ſide, from the diaphragm to the brim of the pelvis. On a cloſer examination, this ſwelling was found to be within the circle of the colon, having forced the ſmall

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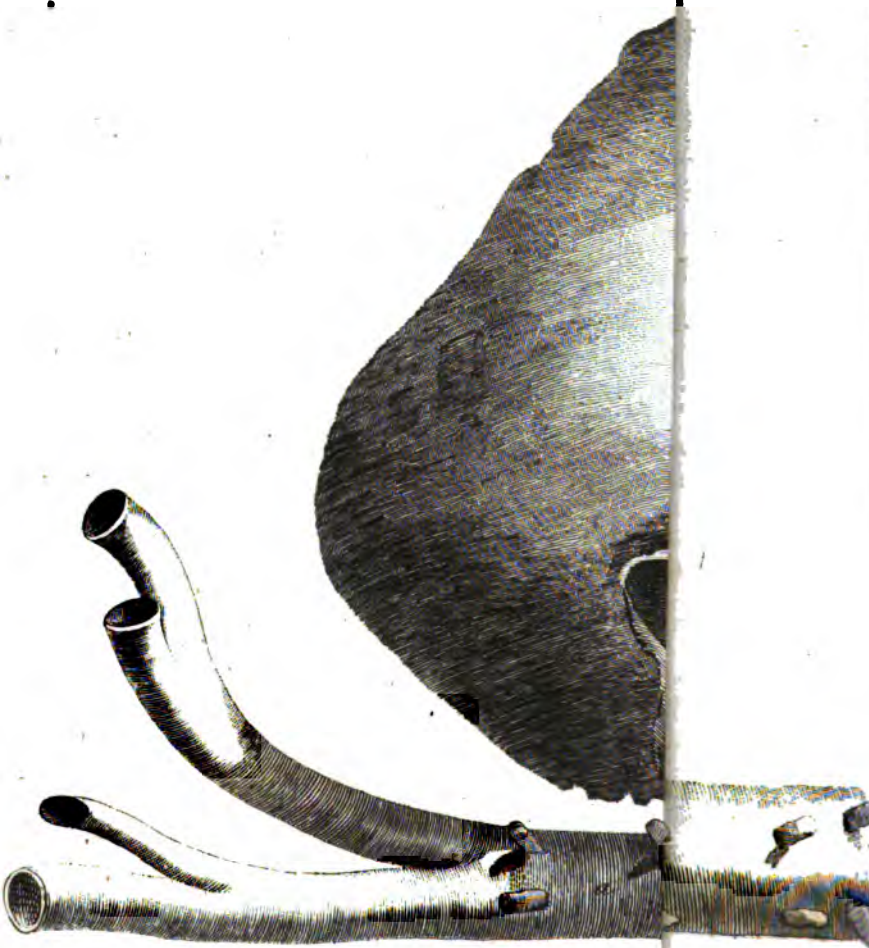

ſmall inteſtines to the right ſide; and projecting forwards ſo much, that it was in contact with the peritoneum, where it lined the inſide of the tranſverſalis muſcle. A conſiderable quantity of bloody ſerum was alſo found floating within this cavity.

The anterior and moſt prominent part of the tumour proved to be the left kidney in a ſound and healthy ſtate; but removed to a conſiderable diſtance from its natural ſituation, by the enlargement of the great artery which lay partly behind it.

In diſſecting away the kidney, a large quantity of coagulated blood was found in the cellular membrane ſurrounding it. This coagulum, which alſo covered the reſt of the tumour, was about an inch thick, tender, and of a very black colour; and no doubt had not been long formed. It was afterwards diſcovered, that the blood here contained in the cellular membrane, had eſcaped from two openings in the aneuriſmal tumour: the one, which was the lowermoſt, ſeemed to have been of ſome ſtanding; it looked towards the iliacus internus muſcle, was of an oval figure, and plugged up by a firm coagulum of the ſize

of

of a hen's egg; the other opening was much ſmaller, and the blood within it appeared to have been but recently coagulated. Upon removing the cake of blood, together with all the cellular membrane about it, a large bag was expoſed; which proved to be an aneuriſmal ſac of the aorta.

To obtain a better view of this diſeaſed veſſel, the crura of the diaphragm, the root of the meſentery, together with the fat and glands which cover the aorta, were all removed. This operation completely expoſed the whole extent of the diſeaſe, which ſpread itſelf over all the vertebræ of the back below the diaphragm, and over the uppermoſt vertebræ of the loins.

The ſac was unequally divided; the part lying on the left ſide of the ſpine, being by much the largeſt, and meaſuring in length, ſeven inches; the greateſt breadth on this ſide, was four inches five-eighths. It filled that hollow ſpace which the left kidney ought to have poſſeſſed, and aſſumed very much the ſhape of that viſcus, though it was more than twice as large.

That

That part of the bag which extended over the right ſide of the ſpine, and was ſituated between that and the right kidney, meaſured in length three inches five-eighths; and in breadth one inch and two eighths.

It was further obſerved, that the ſac or tumour, in a manner, embraced the anterior part of the ſpine, by being firmly connected with the ſides of the vertebræ. Upon ſeparating this connection, a large quantity of fluid, as well as of coagulated blood, immediately guſhed out; the coagulated part had not, as yet, acquired that firm leather-like conſiſtence ſo frequently met with in aneuriſmal tumours; but was in the ſtate of a ſoft jelly, as if formed *in articulo mortis*.

To expoſe the internal ſurface of the ſac, and to get a view of the ſpine, the whole tumour was raiſed, and turned to one ſide. The ſac appeared pretty ſmooth within, and the dilatation of the aorta was evidently forwards, and to each ſide of the vertebræ.

The ſac began to be formed at about an inch and two-eighths above the cæliac artery,

artery, and was continued below the origin of the meſenteric trunk. The diſeaſed portion of the aorta was two inches ſix-eighths in length, but both above and below the ſac, the aorta was perfectly ſound, and of its natural dimenſions.

The blood within the tumour was in immediate contact with the ſpine, the poſterior part of the artery being deſtroyed; as was alſo the ligamentary perioſteum, which covers the vertebræ. Here theſe bones were of a very black colour, with various depreſſions and cavities in ſome parts; and callous riſings and knots in others.

From the view of the tumour after diſſection, we may venture to conclude, that the enlargement of the artery was firſt forward, as here there was nothing that could much reſiſt or oppoſe it; it was probably, next dilated on each ſide of the ſpine, for the ſame reaſon.

That part of the artery which lay in contact with the ſpine, muſt have ſuffered chiefly from preſſure, the blood conſtantly preſſing from within, and the bone reſiſting from without; ſo that here the artery

was

was not much dilated, but gradually made thin and deſtroyed: the blood then coming into contact with the ſpine, the vertebræ were rendered carious; and the two ruptures in the larger portion of the ſac, were, no doubt, the immediate cauſe of death.

The pain, at firſt confined to the back, then moving to the left ſide, and afterwards extending throughout the whole abdomen, ſeems to point out the progreſs and growth of the aneuriſm.

The ſhortneſs of breath might have been, in a great meaſure, owing to the diaphragm not acting freely; whereby the cavity of the thorax was greatly diminiſhed, and the lungs had not room to expand; for we did not find that they were at all diſeaſed.

The bloody urine voided the day before the fatal termination of the diſeaſe, might poſſibly have been cauſed by the preſſure made on the kidney, occaſioning a rupture of ſome of its capillary veſſels; for it may be preſumed, that at the time when the aneuriſmal tumour was about to give way, the preſſure would be violent on all the neighbouring parts.

The

The drawings annexed to this caſe, give a clear view of the ſituation, extent, and form of the diſeaſe; the ruptured openings in the ſac, are juſtly repreſented; and the deſtruction of the arterial coats, is ſtrongly and expreſſively marked.

XVI. *An*

XVI. *An Account of the Effect of ſome Medicines employed in the Cure of Cutaneous Diſeaſes.* *By* JAMES CARMICHAEL SMYTH, M. D. F.R.S. *Phyſician Extraordinary to his Majeſty.* *Read July* 1, 1783.

THE diſeaſes of the ſkin, vulgarly called ſcurvy, and ſurfeit, and known to phyſicians by the general names of *lepra*, *impetigo*, and *herpes*, are of different kinds, and of a great variety of forms, by no means accurately diſtinguiſhed from each other; and indeed their appearance is ſo extremely irregular and anomalous, that a ſcientific arrangement of them, though much to be deſired, can hardly be expected.

Some of theſe diſeaſes are mere local affections, and to be cured by local applications; whilſt others are evidently diſeaſes of the habit, and are only to be removed by general remedies.

In many inſtances the complaint begins at an early period of life, ſeems to ariſe from

from ſome original fault in the conſtitution, and to have deſcended from the parent to the child; in a ſtill greater number the diſeaſe evidently appears to be connected with the ſcrophula, gout, or a latent venereal taint; which laſt ſometimes unfortunately remains for years, after every ſymptom of the original complaint has diſappeared.

But from whatever cauſe diſeaſes of the ſkin originate, I believe it will be generally found, that their ſymptoms increaſe as life advances; and that the facility of cure is in the inverſe ratio of the age of the patient.

Some cutaneous diſeaſes are known to be infectious, others certainly are not ſo; thoſe which are infectious are not ſo eaſily communicated to old perſons as to young ones, though in theſe laſt (as was before obſerved) they are alſo more eaſily cured.

In the leproſy (which is an uncommon diſeaſe in this country) the affection of the ſkin is general, but in the various kinds of impetigo or herpes, it is only partial, appearing in ſpots, or patches in different parts of the body; in all of them,

them, itching is a frequent, and ſometimes an almoſt inſupportable ſymptom. In the leproſy the ſkin appears white, being covered with ſcales or ſcurf, continually falling off, and as continually renewed; the cilia, or edges of the eye-lids, look red and inflamed; the face, particularly the noſtrils and lips, and even the lower part of the ears are apt to ſwell; the eye-laſhes and eye-brows to fall off, as likewiſe the hair from other parts of the body. I have alſo ſeen the fingers and hands greatly ſwelled, and have known patients loſe the nails from ſome of their fingers.

The variety of herpetic ſpots and blotches is ſo great, that we ſeldom meet with two caſes where the reſemblance can be ſaid to be perfectly exact. The ſpots commonly have the appearance of a cluſter of little *papulæ*, riſing above the ſkin; and differ from one another in ſize, colour, form, &c.

They are found, even in the ſame patient, of different ſizes, from that of a pin's head to that of a ſix-pence; their colour is either whitiſh, or red of different ſhades, from a bright red to a copper colour.

Some have the ſurface covered with a fine white powder, or farina, theſe the French (from this appearance) call *dartres farineuſes*; others are covered with ſcales, which are either deciduous, or adhere firmly to the ſkin. Their ſhape is, in general, irregularly circular.

The herpetic blotches, or patches, are alſo extremely various. Some appear like large tetters, or ring worms, covered only with dry ſcales; others break out at firſt in pimples, or puſtules, which afterwards uniting, form incruſtations, of conſiderable thickneſs and hardneſs, on different parts of the body; chiefly on the arms, ſhoulders and back.

From this conciſe view of the diſeaſes of the ſkin, it muſt appear ſufficiently obvious, that, being ſo eſſentially different in their nature and ſymptoms, the ſame mode of treatment cannot poſſibly be applicable to all; yet, it is very certain, that the different ſpecies (not being diſtinguiſhed with accuracy,) phyſicians, in general, for the cure of every obſtinate cutaneous complaint, depend principally upon mercurial or antimonial medicines,

dicines, and if theſe prove unſucceſsful, are frequently led to conſider the diſeaſe as incurable; and the unfortunate ſufferer, deſerted by the regular practitioner, flies from one empiric to another, to the entire ruin of his health and fortune.

But that phyſicians are ſometimes miſtaken in this opinion of the incurable nature of the diſtemper, I am fully convinced; and alſo, that for the cure of many cutaneous diſeaſes, there are medicines not only of equal, but of ſuperior efficacy to the preparations of mercury, or antimony; for the truth of this aſſertion I ſhall appeal to the following caſes:

THOMAS SOWERBY, a boy about eleven or twelve years of age, of a florid complexion with light hair, applied to me for the cure of (what he called) a ſcurvy, to which he had been ſubject more or leſs from his infancy. His whole body, but chiefly his face, breaſt and arms, was covered with roundiſh ſpots, of the ſize of millet ſeed; having a fine white powder on their ſurface.

On the 9th of July 1778, he began to take thirty drops of the *tinctura cantharidum* twice a day, the doſe being gradually

dually increaſed to a drachm three times a day; and once, or ſometimes twice a week, he went into the warm bath. The medicine, even in the largeſt doſe, had no ſenſible operation, but the diſeaſe ſoon gave way, and, on the 4th of September following there was not the leaſt appearance of his complaint.

The uſe of cantharides in medicine, is of great antiquity; they were employed by Hippocrates, and probably before his time; at preſent they are ſeldom given in ſubſtance, from an apprehenſion of their deleterious effects, which apprehenſion, notwithſtanding the learned apology of Dr. Grenvoelt, is not entirely without foundation; yet I have ſometimes given them with great ſucceſs, particularly in complaints of the bladder.

The tincture of cantharides has, I believe, been retained in our diſpenſatories from a ſuppoſition, that it was a diuretic, which idea has probably ariſen from the well-known power of cantharides in producing ſtrangury, for I never ſaw it encreaſe the ſecretion of urine.

Its

Its uſe in cutaneous complaints is little known; I have indeed been told, that it was formerly employed in the Bath Infirmary, and likewiſe in the Middleſex Hoſpital; with what ſucceſs I know not. From my own experience I can truly declare, that upon ſeveral occaſions I have found it of ſome efficacy, although, except in the preceding caſe, I never ſucceeded in making a compleat cure with this medicine alone. It is alſo proper to mention, that I have ſometimes given it, and in very large doſes, without the ſmalleſt advantage. Of this the following caſe is a remarkable example:

ELIZABETH BARRON, a girl about ſixteen years of age, had, on different parts of her body, a great many ſpots of a dark red colour, ſome of them as large as a ſixpence. To remove this complaint ſhe took the tincture of cantharides, at firſt in ſmall quantity, but it was afterwards encreaſed to three drachms, three times a day, without producing any ſenſible operation, or cauſing any alteration in the appearance of the diſeaſe. But when the doſe was encreaſed to three drachms and a half, it

brought on a ſlight ſtrangury, which ſoon ſubſided on diſcontinuing the medicine. She then took only three drachms of it, with a drachm of the common antimonial wine, three times a day, but with no better ſucceſs.

About two years ago, an old man, whoſe complaint had much the appearance of the elephantiaſis, was admitted under my care into the Middleſex Hoſpital. After giving him a variety of medicines without any ſenſible advantage, I reſolved to try the common vitriolic acid, it having been recommended by ſome of the German phyſicians for the cure of the itch. The age of the patient, who was upwards of ſeventy, and the great length of time he had been afflicted with the diſorder, ſeemed to preclude all chance of a cure. The moſt that could be expected was an alleviation of his ſymptoms, and the ſpirit of vitriol effected this to a degree he had never experienced before, from any other remedy.

Encouraged by this firſt trial, I have ſince given it in many caſes with very great ſucceſs, from which I have ſelected the following as being the moſt remarkable.

ESTHER

ESTHER WHITEING, a young woman about twenty years of age, had been afflicted with the leproſy upwards of ſix years, during which time ſhe had tried a variety of remedies, (amongſt others had been ſalivated) but from none of them had ſhe derived any laſting advantage. Her ſkin was entirely covered with white ſcales; her features were ſwelled; her eyes, particularly the cilia, or edges of the eyelids, were red and inflamed. She complained of intolerable itching and heat all over her body, which prevented her ſleeping; alſo of pains in her limbs, and that her eye-ſight was ſo weakened, that ſhe could hardly ſee to work with her needle.

Neither the girl herſelf, nor her mother, who came along with her, could aſſign any cauſe for her preſent illneſs. The mother had never been ſubject to any ſuch diſorder, and the daughter appeared, in every other reſpect, to be in perfect health. On the 3d of Auguſt 1782, after ſhe had been in the warm bath, and had taken a doſe of purging ſalts, I ordered her the vitriolic acid in the following manner:

℞. Spir. vitriol. tenuis - - ſeſcunciam
Syrup. e mecon. - - unciam unam
Capiat drachman unam ter in die, ex aq. hord. libra dimidia.

This doſe was gradually increaſed; and in a few days, as the medicine did not purge her, and the itching was ſo far abated that ſhe reſted well in the night, the ſyrup was omitted, and ſhe took the ſpirit of vitriol alone in barley water, in the quantity of a drachm three times a day. After continuing it for ſix weeks, there was ſcarcely any appearance of the diſeaſe, ſhe perſevered however in the uſe of the medicine for three weeks more; ſhe was then diſmiſſed perfectly cured, and has remained well ever ſince, as I was informed by her mother on the 27th of June laſt.

Benjamin Cole, of Hampſtead, about forty years of age, having large herpetic blotches on different parts of his body, began, on the 2d of January 1783, to take thirty drops of the *ſpirit. vitriol. tenuis* thrice a day in a glaſs of barley water. On the 15th he was ordered to uſe the warm bath twice a week. On the 19th the

the doſe of the ſpirit of vitriol was increaſed to two drachms thrice a day, and, having a bad cough, he took the medicine in half a pint of a pectoral decoction. By the 4th of February the diſeaſe of the ſkin was entirely removed, and he returned to the country.

HARRIOT CONRADY, a girl about fifteen years of age, who, though of a florid complexion and healthy appearance, had not yet menſtruated, was, on the 11th of March 1783, received into the Middleſex Hoſpital for an impetigo or herpes, which, in large irregular patches, covered the greater part of her body. This diſeaſe, began about three months before, and made its appearance at firſt in red ſpots accompanied with conſiderable itching, forming afterwards thick white incruſtations or ſcabs, which adhered firmly to the ſkin; ſeveral of theſe were on the face; the head was covered with one continued cruſt, reſembling the *tinea capitis*, and ſome very large blotches occupied the legs and arms; the diſeaſe had alſo ſpread on her neck, between her

her ſhoulders, and (as ſhe informed me) on her thighs and hips.

On the 11th of March ſhe began to take forty drops of the *ſpirit. vitriol. ten.* thrice a day, in barley water, which doſe was gradually encreaſed. On the 1ſt of April ſhe took a large table ſpoonful, three times a day. On the 19th ſhe took five drachms, and ſoon afterwards ſeven. She once or twice took two table ſpoons full for a doſe, but as that quantity purged her, it was again reduced to ſeven drachms. She never felt any uneaſineſs in her ſtomach or bowels, or any inconvenience from the medicine, even in this large doſe, but ſaid ſhe perceived a warmth in her ſtomach immediately after taking it; it generally gave her two looſe ſtools a day, without any griping or colic. The itching abated ſoon after ſhe began the medicine, but was not entirely removed until ſhe went into the warm bath, which ſhe did four or five times whilſt ſhe was in the hoſpital. On the 3d of June, having been perfectly well for a fortnight, ſhe was diſmiſſed.

I ſaw

I ſaw her, a month afterwards, free from every appearance of her former diſorder.

RICHARD SADDLER, a ſtout young man, nineteen years of age, was, on the 15th of June 1783, admitted under my care at the Middleſex Hoſpital, having been upwards of ſix months afflicted with a leproſy. His ſkin was covered with ſcales, which fell off in great quantity wherever he ſtood, or ſat; his face, hands, and feet were conſiderably ſwelled. He complained much of itching, eſpecially when warm in bed, and was always hot towards night; his tongue was whitiſh, he had no thirſt, was regular in his body, his appetite was good, and his pulſe natural. He had enjoyed perfect health until about a fortnight before the beginning of his preſent complaint, when he was ſeized with headach, pains in his limbs, nauſea, thirſt, &c. Theſe ſymptoms went off ſoon after the appearance of the eruption, which began on his legs; and from his account, ſeems to have been at firſt eryſipelatous. Red ſpots appeared at the ſame time on other parts

parts of his body, which, gradually ſpreading, united together, and in about a month from the time he was taken ill, he was affected all over in the manner already deſcribed.

He had taken ſome medicines, before I ſaw him, but without any relief. His diet had always been ſimple, and the only cauſe he aſſigned for his preſent illneſs, was drinking ſome cold beer, when over heated. He was ordered to go into the warm bath, and to take two drachms of the tincture of cantharides, in a tea-cup full of barley water, twice a day.

10th—The itching was leſs troubleſome, and the medicine was ordered to be taken three times a day.

23d—The tincture did not occaſion ſtrangury, nor any other apparent effect, neither did the diſeaſe appear to yield in the ſmalleſt degree. This medicine was therefore diſcontinued, and he began with the *ſpirit. vitrioli tenuis*, taking half an ounce, in half a pint of barley-water, three times a day.

25th—He found himſelf greatly better, and remarked that he made a larger quantity

tity of water than uſual. The doſe of the medicine was encreaſed to ſix drachms, three times a day.

28th—The medicine purged him; five drops of the *tinct. thebaica* were therefore added to each doſe.

July 19th—His face, body, and legs, were almoſt entirely free from the diſeaſe, but he complained of itching round the waiſt, and his hands and ancles were ſwelled and chapt. As the medicine continued to purge him, even with the addition of the laudanum, the doſe was reduced to two drachms, to which was added an equal quantity of the *ſyrup. e meconio*, and ſome days afterwards, the purging ſtill remaining, the ſpirit of vitriol was diſcontinued, and for a fortnight he took no medicine of any kind; but at the end of that time ſome ſpots having appeared on his legs, he began a ſecond time with the ſpirit of vitriol, taking half an ounce three times a day until the 12th of Auguſt, when he was diſmiſſed the hoſpital perfectly cured.

The four preceding caſes afford, in my opinion, the fulleſt teſtimony of the efficacy

cacy of the medicine in queſtion; I ſhall not therefore trouble the ſociety with any more caſes in which it was adminiſtered with ſimilar effects. I think it proper however to obſerve, that although I have not been equally ſucceſsful in curing every one to whom I have given this medicine, yet I can with truth affirm, that I have only met with two perſons in whom it did not produce ſome ſenſible amendment. The firſt of theſe was a delicate young lady, between twelve and thirteen years of age, who from her infancy had been ſubject to herpetic ſpots, which occaſionally came out on her face, arms, &c. She took the ſpirit of vitriol in very ſmall doſes, but without any ſenſible effect; and the delicate ſtate of her ſtomach and bowels prevented me from encreaſing the quantity, ſo as to give the medicine a fair trial.

The ſecond was a gentlewoman between forty and fifty years of age, who had been long afflicted with a rheumatic gout, and whoſe fingers were contracted, and the joints of them greatly ſwelled, from repeated attacks of that diſorder. She had alſo an eruption of the herpetic kind on different

different parts of her body. I tried the ſpirit of vitriol in ſmall quantity, giving only thirty drops for a doſe, and combining it with laudanum, and Hoffman's anodyne liquor; but notwithſtanding theſe precautions it diſagreed with her exceedingly, occaſioning colic and purging to ſuch a degree as to oblige me to deſiſt from any further trial of it.

Another medicine, which I am perſuaded will be found of eſſential ſervice in diſeaſes of the ſkin, is the *tinctura veratri**; but not having had the ſame experience of this, as of the ſpirit of vitriol, I cannot recommend it with the ſame confidence of ſucceſs. The root from which this tincture is prepared is ſometimes uſed, as an external application, for the itch. With what intention the tincture is kept in the ſhops, I am uncertain, as I have never ſeen it made uſe of in any caſe whatever; although I can venture to ſay, that it may be given both with ſafety and advantage in other diſeaſes† as well as in thoſe of the ſkin.

* Veratrum album Linn.

† It may not be improper to mention three inſtances where I gave it with great advantage; and from which there

ſkin. But, as my intention at preſent is chiefly to ſhew its effects in theſe laſt, I ſhall conclude this ſubject with a ſhort account of three patients to whom it was given; pointing out ſome particular circumſtances attending its uſe.

MATTHEW WILSON, twenty-eight years of age, had for ten years been ſubject to herpetic ſpots and patches coming out on different parts of his body, accompanied with great heat and itching; the ſpots, though not confined to any particular part, were chiefly on his face and head; he had a large patch on one arm, and another immediately under his right breaſt; both ſpots and patches were covered with a dry, thick, white cruſt, adhering firmly to the ſkin. In every other reſpect he ſeemed in perfect health; he had taken a variety of medicines

there ſeems reaſon to think it may be a uſeful medicine in nervous diſorders, particularly in thoſe which recur periodically:

1. A delirium (without fever) which came on every evening, and laſted two or three hours.
2. Hyſterical convulſions.
3. Epilepſy.

The cure in the two firſt caſes was permanent, in the laſt, the fits, after being kept off for ſome time, returned.

medicines, and all the noſtrums ſold in town for the cure of the ſcurvy, by ſome of which (they being mercurial preparations) his mouth was affected; but he had received no advantage from any thing he had yet tried. He had alſo uſed the warm bath twice a week for ſix months, without ſucceſs. He always found that the complaint was greatly increaſed by cold, and that it was leſs troubleſome during hot weather.

When he firſt put himſelf under my care I preſcribed the *ſpirit. vitrioli tenuis*, which he took regularly for ſix weeks, and in larger doſes than I had ever before ventured to give it *, without any inconvenience. It occaſioned two or three ſtools a day, and for the firſt fortnight or three weeks he received great benefit from it's uſe; but at the end of that time, the diſeaſe ſeemed ſtationary, and I perceived that no further advantage was to be gained by continuing it; and therefore, after perſevering three weeks longer, I gave it up, and began to make trial of the *tinctura veratri*. At firſt he took thirty drops only, but

* For ſome time he took three ounces of the *ſpirit. vitrioli tenuis* every day.

but the doſe was ſoon encreaſed to a tea ſpoonful, which was given twice a day, in a tea cupful of barley water. This doſe produced a very ſenſible alteration in the diſeaſe, and as it occaſioned ſome diſtreſſing ſymptoms was never afterwards encreaſed. In about an hour and a half or two hours after taking the medicine, he was ſeized with giddineſs, hiccough, ſickneſs, and ſometimes vomiting; with a ſenſe of great weakneſs, particularly in his lower extremities. Theſe ſymptoms however, were not of long duration, ſeldom laſting above an hour; but during the whole day his hands and feet were in a conſtant perſpiration; and after the uſe of the warm bath he ſweated more profuſely than I ever remember to have ſeen any perſon. Yet, notwithſtanding all theſe diſagreeable ſymptoms, he perſevered in uſing the medicine upwards of ſix weeks, although latterly he experienced the ſame diſappointment from this as from the ſpirit of vitriol, both having a ſurprizing effect on the diſeaſe for the firſt fortnight or three weeks, and afterwards ſeeming to loſe all power or efficacy in ſubduing the remains

remains of it. Neither was I more ſucceſsful by giving the two medicines together or alternately, both which methods I tried; and alſo ſome other remedies, but with no better effect. The diſeaſe ſtill baffled every attempt to remove it entirely, and at preſent remains much in the ſame ſtate as when he left off the *tinctura veratri*.

MARY DIXON, twenty-one years of age, was on the 10th of December, 1783, admitted an out-patient at the Middleſex Hoſpital: She had for ſix years been afflicted with herpetic ſpots on different parts of her body, but principally on her legs. This diſeaſe, in the beginning, had much the appearance of a raſh, and was attended with violent itching; it afterwards formed ſpots and blotches of different ſizes, covered with a white ſcurf adhering to the ſkin. She was ordered an ounce of the *ſal catharticus amarus* twice a week, and a ſcruple of nitre three times a day.

On the 19th ſhe left off the *ſal catharticus* and continued the uſe of the nitre, in a decoction of elm bark.

January 16—She thought her complaint ſomewhat better, but the alteration in the appearance of it was ſo trifling, that inſtead of the former medicines I preſcribed twenty drops of the *tinctura veratri* twice a day, ordering her at the ſame time to encreaſe the doſe gradually till ſhe perceived ſome ſenſible effects from it.

On the 23d I found that the itching was gone; and that there was a very great alteration on the appearance of the ſpots. Having encreaſed the doſe to fifty drops, without ſickneſs or any other inconvenience, ſhe was now deſired to take a tea ſpoonful twice a day.

January 30—The complaint appeared to be going off very faſt; ſhe told me that ſhe had taken (according to my deſire) a tea ſpoonful of the medicine, which made her extremely faint and ſick; and that it continued to have the ſame effect, although ſhe now only took twenty drops at a time.

Feb. 13—She was almoſt entirely free from the diſorder; as twenty drops had ceaſed to make her ſick, ſhe had again encreaſed

encreaſed the doſe; and finding herſelf well, attended no longer at the hoſpital.

ANN SMITH, a young woman twenty-two years of age, applied to me in December laſt, for a violent herpes, which appeared in ſpots and blotches all over her body, but principally on her arms and legs; where there were ſeveral large blotches covered with a whitiſh thick ſcurf, firmly adhering to the ſkin. This complaint, to which ſhe had been more or leſs ſubject from her infancy, was accompanied with heat and itching, and often with ſickneſs; and (contrary to what is uſual in ſuch caſes) was worſe in ſummer than in winter. In every other particular ſhe was in perfect health.

I preſcribed twenty drops of the *tinctura veratri* to be taken twice a day, in a tea cupful of barley water; and the doſe to be gradually increaſed to forty drops. I ſaw her about two days afterwards, when ſhe told me, that her complaint was much worſe, the medicine having occaſioned a greater eruption on the ſkin; but ſhe confeſſed at the ſame time, that the itching

was much abated, and that ſhe had now no ſickneſs, but what was brought on by the medicine.

I deſired her to perſevere, but to take it for the future, in a tea cup full of valerian tea.

Feb. 10.—She informed me that ſhe now perceived a great alteration for the better, the diſorder ſeeming to give way very faſt; and that ſince ſhe had taken the drops in the valerian tea *, they had not made her ſick.

In what manner this caſe will at laſt terminate, whether in a perfect, or only in a partial recovery of the patient, is, as yet, extremely doubtful; but the alteration already occaſioned by the hellebore, and the effects which we have ſeen produced by it in the two preceding caſes, are ſurely ſufficient authority for us to rank this medicine among the few others of acknowledged efficacy in diſeaſes of the ſkin.

* I have, upon ſeveral occaſions, experienced the power of valerian in preventing or taking off the ſickneſs and giddineſs occaſioned by hemlock; and have thus been enabled to encreaſe the doſe of the latter.

XVII. *A Caſe of Hydrophobia; by Mr.* WILLIAM BABINGTON, *Apothecary to Guy's Hoſpital. Communicated by Mr.* HENRY CLINE, *Surgeon. Read Auguſt 26, 1783.*

ABRAHAM PALMER, a thin but healthy boy, fourteen years of age, whoſe father lived in the neighbourhood, was brought to the hoſpital on the 9th of June 1783, for advice concerning the bite of a dog, which he had received about an hour before. The dog (a little common cur) after running among ſome fowls that were feeding before the door, had ſnapped at one of them and was purſued and ſtruck by the boy; and whilſt he was ſtriking him, the dog bit his hand in ſeveral places.

By the advice of one of his neighbours, the wounds had been rubbed and covered over with common ſalt, and this, with the coagulated blood, had formed a ſtiff cruſt, which in ſome meaſure concealed the bite.

As there was no particular reaſon for ſuppoſing that the dog was mad, and as exciſion, or the application of a cauſtic, would have been painful, if not dangerous, and perhaps with difficulty ſubmitted to, it was judged ſufficient to direct that the hand ſhould be well fomented with milk and water to get it ſoft and clean, and that about a drachm of ſtrong mercurial ointment ſhould be rubbed in every day for four or five days, dreſſing the wounds afterwards, ſuperficially, with a little lint and cerate. Theſe were the chief of the directions. The boy was accordingly taken away, and nothing more was heard of him till Thurſday the 17th of July, about eleven o'clock in the morning, when he was again brought by his father to the hoſpital. The moment I ſaw him I ſuſpected what was the matter, there being ſomething in his countenance which could not be miſtaken. "You remember, Sir," ſaid his father, "the boy I brought to you a-"bout five weeks ago; he has hurt him-"ſelf by lifting an over heavy weight, and "his right arm is ſo painful, he can "ſcarcely get it to his head. The wounds

"he

" he had in his hand, thank God, are " quite healed. They were healed in " eight or ten days after the accident, " without any pain or trouble; but I don't " know what to do with his arm." To confirm my opinion of the caſe, I took the boy immediately into the ſhop, and without giving either him or his father the leaſt room for ſuſpicion, poured out a cup of mint water and offered it him to drink, telling him that his arm would ſoon be relieved by it. He was naturally very tractable and obedient, and ſtretched out his hand for it without any ſeeming reluctance, but upon taking up the cup there was an evident agitation, and on bringing it near to his mouth, he was ſuddenly ſeized with a convulſive ſhuddering, as if he had beheld ſomething frightful in the liquor; and throwing it inſtantly down on the counter, he drew back with a loud and ſudden ſob, like one who is frighted at going into the cold bath. He took the cup up again and again, and ſeemed deſirous, in compliance with the requeſt of his father, to get it to his mouth, but it ſeemed impoſſible; as often

as

as he lifted it up, the agitation he was thrown into obliged him to lay it down again.

Upon further enquiry it was found, that from the time he had firſt left the hoſpital, till the afternoon of Wedneſday the 16th of July, he had continued in perfect health, except that for a day or two before this time he had complained of the pain of his right arm, which was now attentively examined; but without any diſcovery of inflammation, or enlargement of the glands of the axilla. On the evening of Wedneſday he had eat little or no ſupper, and no breakfaſt this (viz. Thurſday) morning, though he did not complain of having paſſed a reſtleſs night. His countenance, as before mentioned, was ſtrongly marked with anxiety; there ſeemed a ſlight tightneſs or ſtricture about his breaſt, which ſhewed itſelf by the manner in which he ſpoke and breathed; and notwithſtanding his inability to ſwallow liquids, he had a conſiderable thirſt. His pulſe was rather full and quick, but not remarkably ſo, and his tongue clean and moiſt. He was perfectly ſenſible, gave a clear account of himſelf, and was able to walk about without any ſeeming laſſitude or inconvenience.

The

The period was now paſt when any advantage could be expected from local applications, yet humanity required that ſomething ſhould be attempted. It was therefore determined, that he ſhould take every two hours a bolus, conſiſting of muſk and factitious cinnabar each fifteen grains, and one grain of opium. Directions were given to his father that, after getting him home, he ſhould be kept as quiet as poſſible. The firſt bolus he took came up ſoon after he had ſwallowed it, (he could not even ſwallow ſolids without much difficulty) the ſecond and third remained in his ſtomach, but the fourth came up like the firſt, bringing with it a quantity of viſcid mucus. At eight o'clock in the evening, he was but little altered for the worſe; the anxiety indeed was ſomewhat increaſed, as was alſo the affection of his breaſt, and when he inſpired deeply there was a ſudden catch or ſpaſm about the *ſcrobiculus cordis* which gave him a good deal of uneaſineſs; but the pain in his arm had totally left him. He was perfectly ſenſible, and, except that he ſpoke and moved with a kind of quickneſs, was wonderfully quiet

quiet and compoſed. He had no diſlike to the open air, but on the contrary, had a great deſire to be in it; and ſaid he found himſelf more comfortable when allowed to ſit in the yard, than when confined to his room. To determine whether his dread of liquors proceeded from a general antipathy to them, or only from a fear of ſwallowing, he was aſked to allow his hands to be waſhed, which he readily conſented to. But, upon the water being brought, as ſoon as he attempted to put his hands into it, he was thrown into the ſame convulſive ſhudder as when he had attempted to drink, and drew them ſuddenly back. Notwithſtanding this, he allowed them to be cautiouſly wetted, and by degrees ſuffered them to be put into the water, and to remain there quietly for two or three minutes; but he was not able to put them in himſelf without much emotion. Soon after this he conſented to drink a cup of tea, and, with much eagerneſs and ſtruggling, got it to his mouth, and ſwallowed it greedily; after this he drank another in the ſame manner, for he was very thirſty. As yet there was no unuſual ſe-

cretion

cretion of ſaliva. The quantity of muſk was now encreaſed to twenty grains; the cinnabar and opium were given in the ſame doſes as before. His feet were ordered to be bathed in warm water; a bliſter to be applied to the *ſcrobiculus cordis*, and, as he had had no ſtool ſince the preceding evening, he was ordered a laxative glyſter.

At nine o'clock he ſwallowed one of the laſt directed boluſes without much difficulty, though the anxiety of his countenance and the ſpaſms about the diaphragm and oeſophagus were evidently encreaſed, and gave him the idea of wind, which he often ſaid he wiſhed to get up: but he complained of no other uneaſineſs except a ſlight pain at the top of his head, which he ſaid was ſcarcely worth mentioning. He ſuffered his feet to be put into the warm water; but with the ſame reluctance he had before expreſſed on wetting his hands. The glyſter had no effect. In the courſe of the night he drank ſix ſmall cups of tea; but he had no ſleep, notwithſtanding the quantity of opium, which, by eight o'clock in the morning amounted to ſeven grains, beſides

beſides the muſk and cinnabar. He could not ſleep, he ſaid, for the buzzing of the flies; and he told us, that about ſun-riſe his right eye was drawn in towards his noſe, and that he was blind of it for near a quarter of an hour. His breaſt was not at all relieved by the bliſter.

At one o'clock the next day (Friday) his countenance and manner were ſtrongly marked with horror and anxiety; which, added to an uncommon degree of eagerneſs in every thing he was about to ſay or do, rendered his ſituation, to all about him, peculiarly diſtreſſing. His pulſe was quick and hard. He complained much of thirſt, and his attempts to drink were frequent, but always attended with great agitation. His face was much fluſhed; his eyes, ſtaring and watery. He made frequent efforts to vomit, at which times he was much agitated, and brought up a viſcid, ropy kind of matter, which was with difficulty diſengaged from his mouth; and this was always followed by a conſiderable diſcharge of frothy ſaliva. His attention at intervals was particularly directed to the flies: "why don't you kill "theſe

" theſe flies ?" he would cry, with a great degree of impatience; and then he would ſtrike at them with his hand, and would often ſhrink in the bed as if he were afraid of their getting to his face. He alſo expreſſed a diſlike at times to being touched by the attendants; ſtill, however, he was ſenſible, and gave rational anſwers to all ſuch queſtions as were aſked him.

The remedies hitherto employed having been ineffectual, and the degree of excitement being ſo extremely great, it was now determined to take away a large portion of blood. It was alſo propoſed, that the bleeding ſhould be followed by an increaſe of opium till it ſhould produce ſome ſenſible effect; that his head ſhould be ſhaved and bathed with warm vinegar, and that in the evening, if he was not better, he ſhould be put into the warm bath.

A vein was accordingly opened in his arm, and upwards of twenty ounces of blood were taken away in a full ſtream, without producing the leaſt diſpoſition to faint, or increaſe of ſickneſs, though the pulſe was ſenſibly affected, becoming low, fluttering and unequal. As ſoon as his arm

was

was tied up, he begged to be taken into the yard for the benefit of the air, and calling for ſomething to drink, a cup of tea was given him with fifty drops of laudanum, which, when he had taſted, he refuſed to ſwallow, but immediately afterwards took a pill containing two grains of opium. This however ſtaid down but a ſhort time; and a ſecond and third which were given him, came up almoſt inſtantaneouſly.

In half an hour after this, all his ſymptoms, bad as they were before, were much worſe. His countenance grew more fluſhed and wild. He talked almoſt inceſſantly, by turns calling for ſomething to eat and drink, to keep down ſomething that wanted to come up; and ſtill he complained of the flies, and ſtruck at them with the greateſt fury. He ſeemed quite regardleſs now of that obedience and reſpect he had all along ſhewn to thoſe about him; in fact, he was becoming delirious. Every muſcle in his body ſeemed convulſed, and he was thrown from one ſide of the bed to the other with ſuch violent agitation, that he muſt have flung himſelf on the

the floor, had not his father and mother prevented him. This was the period of his caſe, which was by far the moſt diſtreſſing. He attempted in the moſt frightful and greedy manner to ſwallow a piece of bread and butter, which had been given him to quiet his impatience, but he could not get it down; in the attempt to ſwallow, it was thrown from his mouth, together with a quantity of the glairy fluid he had been vomiting all the morning. This however, was not followed, as uſual, with a flow of ſaliva. As the laſt remedy, a glyſter of water-gruel with half an ounce of laudanum, was thrown up, but it came away almoſt immediately; and ſoon after this, the convulſions returning with increaſed violence, he fell back in the bed, and died, with a countenance as much oppoſed to that of the minute before as it is poſſible to conceive; the ſcene being cloſed with ſeveral of the moſt beautiful ſmiles.

For the particulars reſpecting the latter part of the caſe, I am indebted to Mr. Skeete, a young gentleman well known to

you for his care and aſſiduity in all parts of his profeſſion.

Upon a minute and attentive examination of the body, the day after his death, no appearance was obſerved that could account for the violent ſymptoms which have been deſcribed.

The external appearance of the body had nothing remarkable in it. The veſſels of the dura and pia mater were rather more than uſually diſtended with blood; but the brain itſelf, in all its parts, was perfectly ſound. There was no appearance of diſeaſe in the mouth, pharynx, or oeſophagus, except a very ſlight inflammation on the ſuperior part of the epiglottis and a little way within the trachea; which ſeemed partly filled with a glairy kind of fluid. The heart was ſound; the quantity of blood it contained was inconſiderable, and chiefly in a fluid ſtate, as was alſo the blood in the ſinuſes of the dura mater. But in the lungs, there was an evident accumulation of blood; and more in the right ſide than in the left. The pleura was in its natural ſtate, but the veſſels on the ſuperior ſurface of the

the diaphragm ſeemed rather more turgid than uſual. The gall bladder contained an ounce, or an ounce and a half, of very dark coloured bile, but the liver was in a natural ſtate. The ſtomach alſo was perfectly free from diſeaſe: it contained about half a pint of the glairy kind of fluid he had been vomiting up before his death, and this was ſo tinged with the cinnabar he had taken, that it appeared red through the coats of the duodenum. The ſmall inteſtines were diminiſhed to one half of their uſual diameter in two or three places; but this ſeemed to have no ſort of connexion with the diſeaſe in queſtion. The bladder contained about half a pint of urine, and the ureters were remarkably large, but healthy. The kidneys and other abdominal viſcera were quite in a ſound ſtate.

XVIII. *Caſe of an Ulceration of the Oeſophagus, and Oſſification of the Heart.* *By* SAMUEL FOART SIMMONS, M.D. F.R.S. *Read Auguſt* 26, 1783.

PHILIP KENDAL, of Denmark-ſtreet, Soho, aged ſixty-ſeven years, by trade a tallow-chandler, was admitted under my care at the Weſtminſter General Diſpenſary on the 11th of June, 1783. He was a tall ſtout man, and, according to the account he gave of his caſe, had enjoyed good health till about four months before; when he began to feel a pain in ſwallowing his food, juſt as it reached his ſtomach; and, before it had continued long there, to vomit it up. This pain, and diſpoſition to vomit, had continued to increaſe ſo much, that now every thing he took, whether liquid or ſolid, did not remain above two minutes in his ſtomach before it was thrown up again. He deſcribed the pain as being conſtant and lancinating, extending from about the lower part of the oeſophagus, to the left ſide of his cheſt cloſe under

under the ribs. His pulſe was languid, beat about 100 ſtrokes in a minute, and frequently intermitted. His tongue was much furred. His eyes had loſt their luſtre, but his countenance ſtill exhibited ſome ſlight remains of a florid complexion. A phyſician whom he had conſulted, had adviſed him to apply a bliſter between his ſhoulders, and to take caſtor oil. This preſcription he had followed, but the bliſter had made no alteration in his pain; and the oil never remained long enough in his ſtomach to obviate a diſpoſition to coſtiveneſs, which was become ſo great, that when I firſt ſaw him he had paſſed ten days without a ſtool; and was much troubled with the hæmorrhoids. He would not acknowledge that he had been intemperate in his manner of living, but it appeared afterwards from the account of his wife and friends, that he had long been in the habit of drinking to exceſs of ſpirituous liquors.

When I had conſidered the ſymptoms of this caſe, I did not heſitate to aſcribe them to a cancerous tumour or ulcer about the upper orifice of the ſtomach. All I could

aim at therefore, was to palliate his complaints. A grain of calomel and a grain of *extract. thebaic.* made into a pill were directed to be taken every night, and two ſpoonfuls of a purging mixture every morning, with a view to keep his body open. Broth glyſters were likewiſe directed to be thrown up two or three times a day.

At firſt he kept down his medicines long enough to procure a ſtool every day; but the pain did not abate, and in leſs than a month his ſtrength was ſo much reduced that he was confined to his bed, and his difficulty of ſwallowing was ſo great that he was capable of taking but very little either of food or medicine. In this ſtate he was viſited ſeveral times by Dr. Bromfield, who agreed with me perfectly in opinion concerning the ſeat and incurable nature of the diſeaſe.

The patient died on the 3d of Auguſt, and the next day Mr. Watſon favoured us with his aſſiſtance in examining the dead body.

The diſſection proved that we had not been miſtaken with regard to the nature of the diſeaſe which, I think, may with

good

good reaſon, be ſuppoſed to have been the immediate cauſe of the patient's death; for we diſcovered a large ulcer of the oeſophagus that ſufficiently explained the pain and the difficulty the patient had experienced in ſwallowing. At the ſame time we met with an extraordinary and unexpected appearance, viz. an oſſification of the ſubſtance of the heart, that had probably begun to take place long before the diſeaſe of the oeſophagus; and which now enabled us to account for the frequent intermiſſion we had obſerved in the patient's pulſe.

This oſſification, which, when we firſt touched the diaphragm, felt like a hard maſs within the ſubſtance of that muſcle, might likewiſe contribute to increaſe the irritability of the ſtomach when diſtended. For it appeared from the patient's account of his caſe that he was able, though not without much pain, to ſwallow; but that before his food had been many minutes in the ſtomach it was conſtantly vomited up again.

The pain of which he complained under the ribs on his left ſide ſeems to have been

occaſioned by this very uncommon diſeaſe of the heart, the deſcription of which, and of the other appearances, the ſociety will find related with great accuracy, in an account of the diſſection by Mr. Watſon.

Oſſification of the valves and great veſſels of the heart is not a rare diſeaſe in old people; but a bony concretion in the ſubſtance of the heart itſelf, is certainly very uncommon, though not altogether without example. Morgagni, who relates an inſtance of this diſeaſe, in a ſlight degree, as obſerved by himſelf, has, with his uſual induſtry, collected the few inſtances of it upon record at the time his excellent work was publiſhed *. To repeat theſe would be ſuperfluous; but it may not be improper to mention, that in the Memoirs of the Academy of Sciences at Paris, for 1768, M. Bordenave has added one more to the hiſtories of this kind already publiſhed. The ſubject of this caſe was a man who died in his fiftieth year, after having been for a long time ſubject to difficulty of reſpiration, anxiety, and frequent danger of ſuffocation.

* De Sedibus et Cauſis Morbor. Epiſt. xxvii. Art. 16. & ſeq.

ſuffocation. After death, water was found both in the thorax and abdomen. The lungs adhered almoſt every where to the pleura. The pericardium was thickened and firmly united with the heart, on the ſurface of which was diſcovered a bony concretion of unequal thickneſs, and in ſome places two inches in breadth. This oſſification covered almoſt the whole of the right ventricle from the baſis to the apex of the heart, and following the courſe of the ſeptum, aſcended from the apex about half way up the left ventricle.

XIX. *An Account of the Diſſection of the Subject of the preceding Caſe; with Remarks.* By HENRY WATSON, *Surgeon*, F.R.S. *Read Auguſt* 26, 1783.

THE body was examined in the preſence of Dr. Bromfield and Dr. Simmons.

The liver was ſmall, perfectly black, and the gall-bladder much diſtended with a very viſcid dark coloured bile.

The ſpleen was ſmall, but of an unuſual globular form.

The ſtomach was empty, its coats very thin, and its internal ſurface ſlightly inflamed; but its two orifices were unobſtructed.

The inteſtines and the uropoetic viſcera, though remarkably flabby and tender, were not otherwiſe diſeaſed; ſo that the cauſe of this man's death did not manifeſt itſelf in the cavity of the abdomen.

Laying my hand careleſsly on the centre of the diaphragm, I was much ſurprized at

at feeling a hard bony ſubſtance, which I then concluded, muſt be an offification in that muſcle; though I afterwards found I had been deceived.

Upon opening the thorax, the lungs appeared in a ſoft and very ſound ſtate, though adhering pretty univerſally to the pleura.

In the oeſophagus, we diſcovered an ulceration of about two inches in length, and one in breadth, juſt at that part where it paſſes behind the curvature of the aorta; to which it was ſtrongly united by a condenſed cellular ſubſtance, made ſo, no doubt, by inflammation.

The pericardium was exceedingly thin, and glued round the heart ſo ſtrongly, that it had the appearance of being wanting; conſequently, there was not the leaſt drop of its liquor remaining, ſo that it was with much difficulty I could clear away this membraneous bag.

By this diſſection, I now found that the diaphragm was not diſeaſed; but that the hardneſs we had felt through that muſcle, was a moſt extraordinary oſſification of the heart.

The

The heart itſelf was ſmall for ſo large a man, and exceedingly tender.

The oſſification poſſeſſes that ſurface of the heart which reſts upon the diaphragm; the centre of it nearly correſponding with the *ſeptum ventriculorum*. It extends from the baſis to the very apex of the heart; is broadeſt in the middle, and branches out irregularly through the fleſhy ſubſtance of both ventricles, over the greateſt part of the auricle, and for ſome way round the baſis of the heart; following the courſe of the coronary veſſels.

On ſearching with the finger, I could no where perceive that it projected within the auricle or ventricle; ſo that it did not appear to have diminiſhed their capacities.

There is, in my anatomical muſeum, a preparation, wherein oſſification is ſcattered over both heart and pericardium, in thin white poliſhed ſcales, much reſembling the inner pearly coat of the oyſter ſhell. This may be conſidered as the earlier ſtate of the diſeaſe; and the inſtance before us may ſerve to ſhew its progreſs.

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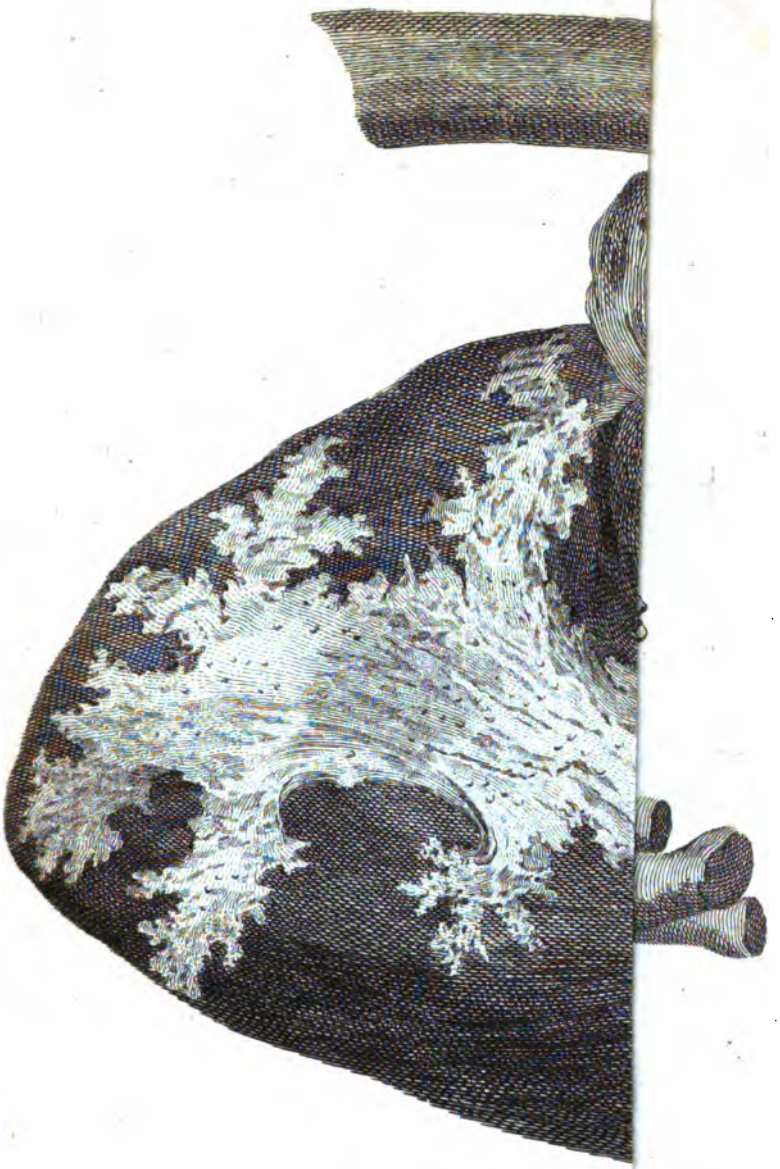


REMARKS.

1. This diſeaſe, conſidering it as fixt in a muſcular part, muſt have leſſened the quantity of contraction by ſhortening the fleſhy fibre; the quantity of accurtation in every muſcle being as the length of its fleſhy fibre.
2. It muſt alſo have diminiſhed the power or force of contraction, ſo far as the oſſification extended; for thus far we ſuppoſe the fleſhy fibre to have been wanting; and the ſtrength of every muſcle is as the ſtrength of its fleſhy fibres.
3. Thus circumſtanced, the heart, no doubt, acted irregularly; and the ſeveral other appearances ſhew that it acted with no great impetus. The blood in the body was poor and watery; the few coagula we met with, were very tender. All the ſolids carried evident marks of a lax fibre. The muſcular fleſh was pale and flabby; the viſcera ſoft, the hollow ones thin, weak, and almoſt tranſparent. The fat was every

every where ſoft, oily, and in a putreſcent ſtate.

4. Though the oſſification might have been the proximate cauſe of a languid circulation and poorneſs of blood, I think we cannot ſay it was the immediate cauſe of the man's death. He might poſſibly have lived longer under that diſeaſe. But beſides this weakening cauſe, there was another yet more debilitating, to wit, the ulcer in the oeſophagus, which, though it allowed ſpoon-meats to paſs, and to remain a little while in the ſtomach, obliged him to reject all ſolid aliment, the moment it reached the ulcerated ſurface. Two cauſes thus combined, the one producing a poor, effete blood, the other a deprivation of thoſe nutritious juices which ought to have enriched that blood, were ſufficient to deſtroy any man.

5. The adheſion of the lungs to the pleura was perhaps, in this inſtance, a real benefit, as the larger vaſcular trunks, when on the ſtretch, would allow the blood an eaſier paſſage through that organ; and where the propelling power

is

is weak, it can be no way better aſſiſted than by leſſening the reſiſtance.

6. Every preternatural oſſification is a depoſit of the earthy or cretaceous matter in the conſtitution.

7. It is generally depoſited on membranes, veſſels or glands, but ſeldom on muſcular fleſh; there is, however, no ſubſtance in an animal body to which it may not unite itſelf.

8. It is an unorganized extravaſation, never vaſcular but in conſequence of veſſels ſhooting through it from ſome neighbouring vaſcular part.

9. It is by no means a regular proceſs, ſuch as nature employs in the formation of bone. It therefore never has any determined ſhape, ſize, or extent, but may proceed without bounds in the moſt luxuriant manner.

10. The meaſure of every morbid oſſification will no doubt depend much on the abundance of *creta* in the habit. That it does abound in ſome, and that it is very deficient in other conſtitutions, we are fully convinced.

11. That

11. That a man may live with an oſſification in his heart, the preſent caſe ſufficiently proves; but how long we cannot pretend to ſay. The oſſification we have now been deſcribing certainly carries with it every mark of a gradual increaſe; and, of its having been the work of time. It was evidently in a growing ſtate, branching out and ſpreading wider, ſo that we may venture to conclude, had the man lived much longer, it might have made a yet more formidable appearance.

12. Oſſification of the heart, ſo far as I have been able to obſerve, begins in the cellular membrane, under its inveſting coat, in ſpecks or thin ſcales; and is at firſt ſuperficial.

It is analogous to the oſſification in the blood veſſels, where the diſeaſe evidently begins in the cellular connecting medium between their coats, proceeding from within outwards, till at length the veſſels are converted into complete bony tubes, ſuch as we often find them.

13. I

13. It is not that I ſuppoſe that muſcular fibres are ever converted into bony ones, for the oſſification carries no mark of a fibrous texture; on the contrary, it is lumpy and irregular. But it may not be improper to ſay, that fleſh is oſſified when the muſcular texture is in any part totally deſtroyed, and its place uſurped and occupied by earthy or cretaceous matter, harder ſometimes than bone itſelf.

XX. *A Caſe of difficult Deglutition occaſioned by an Ulcer in the Oeſophagus, with an Account of the Appearances on Diſſection.* *By* MAXWELL GARTHSHORE, M.D. F.R.S. *and* S.A. *Read October* 21, 1783.

MRS. P——, of Orange-ſtreet, aged fifty-two, naturally ſlender, and of a delicate habit, during the winter of 1782 was much troubled with what ſhe ſuppoſed to be ſtomach complaints. She conſulted many phyſicians whilſt I was abroad, and had taken a variety of medicines without any relief.

Feb. 20th, 1783, I was firſt conſulted, and found her much emaciated, and complaining of indigeſtion, acidity and ſickneſs at the ſtomach, with frequent retching, and, at times, a difficulty of ſwallowing. I then preſcribed her an emetic, ſome opening powders, and a mint julep. The ſymptoms were alleviated, and ſhe ſeemed better for a few days.

Feb.

Feb. 28—I was again applied to, and found her complaining more of this difficulty of ſwallowing, which ſhe deſcribed as a ſenſe of ſuffocation, very ſimilar to what is occaſioned in nervous women by the *globus hyſtericus*. This induced me to recommend a fœtid julep, by the uſe of which, ſhe ſeemed for a time to be relieved.

March 26—I now diſcovered that this difficulty of ſwallowing had been increaſing, by degrees, for ſome days paſt; and that the medicines I had preſcribed were of no further uſe.

She now complained of a permanent obſtruction in the middle of the paſſage between the throat and the ſtomach, which occaſioned almoſt every thing to be rejected when it reached that part. I ordered a cupping glaſs, and afterwards a bliſter to be applied, as near the ſeat of the diſeaſe as poſſible; as theſe produced no good effect, I adviſed her to ſwallow two ounces of quickſilver, which made its way into the ſtomach, and cleared the paſſage for a time.

March 27—She complained of a rigor which had ſeized her the preceding night. Her pulſe was ſmall and frequent; and ſhe continued to reject moſt things even after they had with difficulty reached the ſtomach. She was now unable to ſwallow any thing ſolid, or any liquid that was taken in a ſmall quantity; but a large column generally made its way down; and it was obſerved, that ſhe retained nothing ſo well as porter.

After this ſevere attack ſhe was able to ſwallow much better, and her ſtomach and bowels were, for ſeveral weeks, in a more natural ſtate. From this time I heard but little of her till towards the 25th of April, when another attack again obliged her to have recourſe to quickſilver, which cleared the paſſage as before.

She continued ſomewhat better for another month; but in the laſt week of May, I was again ſent for, on the return of the difficulty of deglutition. I then found that ſince my laſt viſit ſhe had been ſeized with a profuſe ſpitting, very ſimilar to that which is occaſioned by the uſe of Mercury. She alſo complained of flying pains, and other

ſymptoms,

ſymptoms, ſeemingly of the nervous kind. Her pulſe was irregular, ſmall, and frequent; and ſhe was evidently declining both in her fleſh and ſtrength. She returned to the uſe of the medicines formerly preſcribed; and drank ſaſſafras tea, which I had before found uſeful in a caſe of profuſe ſpitting. She became apparently a little better, but her pulſe continued very quick.

May 27—The diſcharge of ſaliva ſtill continued; not leſs than a pint and a half was evacuated every twenty-four hours. Her appetite was now much impaired, and ſhe complained of a pain in her ſide.

I now firſt diſcovered in her ſtools, (which were of a greeniſh colour and frequent,) a bloody gelatinous ſubſtance, not truly purulent, but which looked as if it was diſcharged from ſome ill-conditioned ulcerated cavity. When this was evacuated ſhe always felt the conſtriction at the middle of the oeſophagus, much relieved; and ſhe was enabled to ſleep on either ſide much more quietly than before. She ſaid, that before this came away, ſhe had a ſenſa-

tion as if ſomething had broke within her. Her pulſe too after this temporary relief was reduced from 100 to 80 in a minute, and her urine had a lateritious ſediment. This appearance in the ſtools was obſerved for ſome days, but though ſhe was eaſier, ſhe ſtill continued to loſe fleſh and ſtrength, to ſpit as much as before, and to be troubled with coſtiveneſs, and frequent pains about the præcordia. I then tried an infuſion of the bark in lime-water with rhubarb, which ſhe could not continue. Aſſes milk, however, which ſhe then began to take twice a day, agreed with her perfectly well.

June 8th—She had a ſevere return of the difficulty of ſwallowing; and rejected every thing ſhe attempted to get down, except a column of liquid, and even that paſſed with difficulty. The pain about the præcordia, and difficulty of lying on the right ſide were likewiſe increaſed.

She now found that her ſtomach could bear milk no longer. Dr. Lind of Portſmouth, who was then in London, and viſited her with me, adviſed dry cupping, and a bliſter to that part of the

præcordia

præcordia complained of, a mild liquid diet, and artificial aſſes milk. But nothing was of uſe. The diſcharge of ſaliva continued, and ſhe waſted daily.

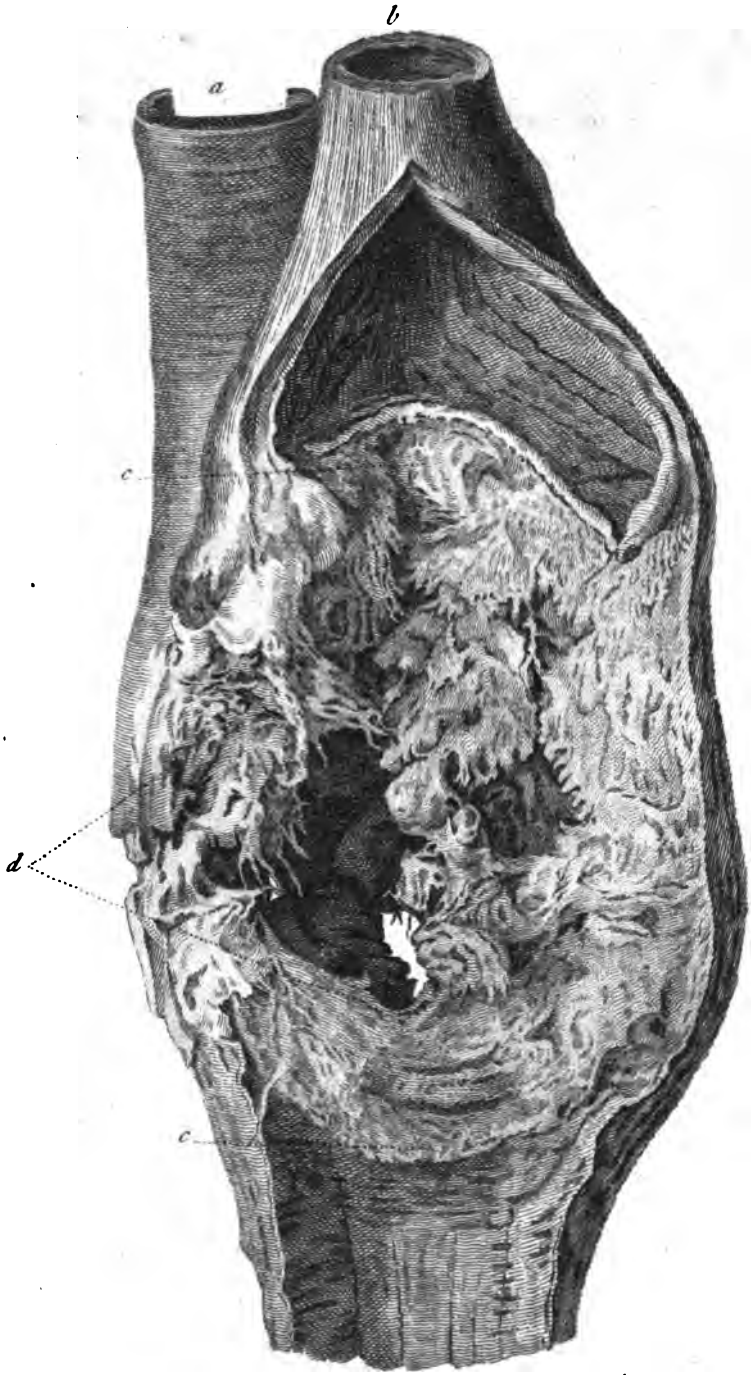
June 24—I was now convinced of what I had long ſuſpected, viz. that the diſeaſe was only in the oeſophagus, and depended upon ſome permanent cauſe, of which its periodical, and nearly monthly, appearance had before made me doubtful. Knowing no other reſource, (though long reſtrained by the ſpontaneous and profuſe ſalivation,) I reſolved to try the effect of mercurial unction, and that night (June 24th) ordered half a drachm of ſtrong mercurial ointment to be rubbed into the legs. This I repeated cautiouſly, without any increaſe of the ſalivation, or without any relief of the ſymptoms, till I had uſed it five times, when ſhe thought herſelf ſomewhat eaſier. She was then (July 4) ſeized with increaſed fever and rigors at bed-time, with violent pain in the ſide which was bliſtered, and became rapidly much weaker, continuing to vomit every thing ſhe took. Her pulſe ſunk, and the powers of life ſeemed to be

daily failing. Broth glyſters, which had been ordered from the firſt, but which ſhe had always diſliked and avoided, were now with difficulty permitted to be made uſe of. The fever was conſtant and attended with great thirſt and heat; ſhe by degrees became affected with ſtupor, and after lying nearly ſenſeleſs twenty-four hours, died without a ſtruggle on the 9th of July.

Her body was the next day examined by Mr. John Hunter, whoſe account is as follows:

" On laying bare the oeſophagus through " its whole courſe, I found, that where " it paſſes below the diviſion of the tra- " chea, the ſurrounding parts were thick- " ened or diſeaſed; and I there found an " abceſs which led into the cavity of the " oeſophagus. I then cut out a conſider- " able portion of the oeſophagus, both be- " low and above this diſeaſed part, with " a part of the trachea; and alſo a portion " of the deſcending aorta. I could eaſily " paſs one finger downwards, and another " upwards till they met; ſo that there was " no ſtricture or cloſing of the oeſophagus,

" although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" although I could plainly feel an irregu-
" larity on the inside at this part, where
" the diſeaſe appeared externally.

" The oeſophagus was then ſlit up its
" whole length, and its inner ſurface ex-
" poſed; upon which we obſerved the
" following appearances:

" The oeſophagus, at the part where
" it appeared diſeaſed externally, was in
" a ſtate of ulceration on its inner ſurface
" for about four inches in length, termin-
" ating at each end at once in a regular
" edge, which edge was a little raiſed, as
" is frequently ſeen in bad ulcers in other
" parts; and the oeſophagus, immediately
" above and below, was perfectly ſound, not
" being even thickened. About the center
" of this ulceration was the opening of the
" abceſs, or what may be ſuppoſed to be
" a continuation of the ulceration, into the
" ſurrounding parts, forming an ulcerous
" cavity, which was ſituated immediately
" below or between the diviſion of the
" trachea.

" The ſurrounding parts that were in
" ſome degree connected with the diſeaſe, at
" leaſt by adheſion, were, a part of the
" deſcending

" deſcending aorta, the poſterior ſurface of " the auricles, the baſis of the lungs of the " right ſide, the left diviſion of the tra- " chea, and ſome of the lymphatic glands " of thoſe parts.

" The ſtomach was very much contracted " at the ſmall end for more than half of " its length; and the left or great end " was a little dilated with a fluid which " appeared to be principally bile.

" The ſmall inteſtines contained nothing " but mucus, and of this but a ſmall " quantity.

" The cæcum was a little dilated with " a fluid; but the whole of the colon to " the anus was contracted, probably as " much as it was poſſible, as it had hardly " any mucus in it.

" There was no air in the ſtomach, nor " in any part of the inteſtinal canal.

" The liver was ſmall.

" The gall-bladder had a common quan- " tity of bile in it.

" The pancreas and ſpleen were as " uſual.

" The whole body was very much ema- " ciated."

From

From Mr. Hunter's very accurate deſcription of the ſeat of the diſeaſe, we are naturally led to conjecture that the ulceration began on the interior ſurface of the oeſophagus, and from thence ſpread into the neighbouring parts, there forming that cavity which he found ſituated between the divided branches of the trachea. And I think it probable, that the periodical attacks of increaſed difficulty of deglutition, which were ſo violent and remarkable during the three or four laſt months of the patient's life, might be owing to the diſtention of that cavity by an accumulation of that gelatinous matter which I firſt obſerved in her ſtools about the end of May. And though there may be difficulties in allowing that this or any other matter could paſs the ſtomach indigeſted, yet the relief in ſwallowing, conſtantly and immediately obtained upon this diſcharge taking place, would lead us to ſuppoſe, that by this evacuation the cavity was emptied; and the compreſſion its diſtention had occaſioned, removed. It is however evident, from the ſtate of the parts, that the paſſage of the oeſophagus was in no degree ſtraitened

ened by the ulcer, but remained pervious to every thing that could deſcend by its own weight; and that the periodical increaſe of obſtruction muſt have been owing to occaſional ſpaſm, (as we know to be the caſe in the diſeaſed urethra) or to external compreſſion from a cauſe not permanent. The conſtant inability to ſwallow ſolid food, was probably owing only to the want of a propelling power, in the diſeaſed portion of the canal.

This diſeaſe, therefore, ſeems to have comprehended two or three of the common cauſes of difficult deglutition, viz. a diſeaſe in the canal itſelf, and an occaſional diminution of it from external compreſſion, or occaſional ſpaſm; but though the former might be periodical, it is not eaſy to conceive how the latter could be ſo.

Authors commonly mention hoarſeneſs and difficulty of breathing, as concomitant ſymptoms of difficult deglutition; neither of theſe, however, were ever obſervable in the preſent caſe, owing probably to the diſeaſe having been ſituated below the diviſion of the trachea; and therefore not affecting

affecting its diameter or muſcular action, upon which reſpiration and the voice ſo much depend.

By what cauſe that very copious evacuation of ſaliva, which affected her during the laſt two months of her life was occaſioned, is not eaſy to ſay. Was it an effort of nature to relieve, or merely a ſymptom of irritation from ſympathy with the diſeaſed parts? It certainly was much greater than ever happens in the natural ſtate of the ſalivary glands, and could not be owing merely to the inability of ſwallowing. I have looked over moſt of the collections of caſes, and have found only one inſtance * where ſalivation is mentioned as a ſymptom of difficult deglutition.

Sauvage enumerates no leſs than twenty ſpecies of Ptyaliſm, almoſt all evidently ſymptomatic; but this ſpecies, though equally diſtinct, and equally deſerving a place, is not mentioned. I am therefore warranted in ſaying, that it is not a very common ſymptom, as it is too remarkable

* Bonet. Sepulch. Anatom. tom. ii. lib. iii. ſect. 4. obſerv. 16.

XXI. *Caſe of a Suppreſſion of Urine, ſucceſsfully treated, in which the Bladder was punctured through the Rectum.* By Mr. BENTLEY, *Surgeon, at Pattrington near Hull. Communicated by* HENRY WATSON, F.R.S. *Read October* 21, 1783.

ABOUT the middle of October 1780, I was deſired to ſee a child about five years old, labouring under a ſuppreſſion of urine, which I was informed had continued five days.

On examination I found a gangrene extending from the navel to the anus, and nearly covering one ſide of the penis. Under theſe circumſtances, it did not appear proper to attempt the introduction of any inſtrument into the bladder, by the urethra. In order therefore to give the child ſome chance for life, I determined to perform the operation recommended by Mr. Pouteau, of Lyons, which was done by introducing the fore finger of the left hand into the rectum, and paſſing a common

mon ſtrait trocar, of the ſmaller ſize uſed for tapping the abdomen, upon the finger, through the rectum into the poſterior part of the bladder, withdrawing the ſtilet immediately. Between two and three pints of very fœtid urine iſſued through the canula, which was left in the puncture, ſecured with a double T bandage.

My attention was now taken up with endeavouring to get down a ſufficient quantity of nouriſhment for his ſupport; ſuch as broths, jellies, wine, &c. I alſo gave him a pint of a ſtrong decoction of bark every twenty-four hours.

On the third day after the operation, the ſeparation of the ſphacelated parts began to be marked out by the uſual appearance. The canula ſlipping out at the end of forty-eight hours, I attempted to replace it, but without effect. The water continued, however, to be evacuated by the puncture till about the ſixth day, when, I am of opinion, it cloſed, as the child became about that time ſenſible of an inclination to make water, deſiring to be taken out of bed for

that purpoſe. The water appeared to come by the puncture through the anus, but in fact, it came from the end of the urethra; from whence gliding under the ſphacelated ſcrotum and perinæum, it ſeemed as if it flowed directly from the anus.

About the tenth day the water again appeared to paſs, not only by the orifice of the penis, but alſo by the anus, which alarmed me with an apprehenſion that the bladder would become fiſtulous; but I was again deceived, and my alarm ſubſided on the more perfect ſeparation of the eſchar, when I diſcovered a large orifice in the left ſide of the urethra, through which the urine, now retained for ſeveral hours together, flowed in as large a ſtream as by the natural paſſage. That orifice ſtill remains and is likely ſo to do.

Notwithſtanding the ſcrotum was entirely deſtroyed, the teſticles remained unhurt; and are covered by the looſe ſkin which covers the abdominal rings and os pubis.

The ſphacelated parts were dreſſed in the uſual manner, and were a conſiderable time in ſeparating; during which there

was

was often a diarrhoea from the abſorption of matter, which was reſtrained by the uſual methods. The wounds were completely cured at the end of ten weeks, and the child has recovered his uſual health.

A few days after the water had come by the natural paſſage, his mother ſhewed me a ſtone which ſhe had found ſticking in the orifice of the glans penis.

XXII. *Pulmonary and other Complaints, apparently ſupported by Fever, of the intermittent or remittent Kind, and cured by the Bark.* By SAMUEL CHAPMAN, M.D. *of Sudbury in Suffolk. Communicated by* Dr. GARTHSHORE. *Read Dec.* 2, 1783.

THOUGH the uſe of the bark has been long eſtabliſhed in the cure of fevers, as well of the remittent as the intermittent kind, nevertheleſs fevers of either kind are ſometimes ſo obſcured by certain anomalous appearances, that it is no eaſy matter for the practitioner to determine at once concerning the nature of the caſe before him.

Amongſt the various diſguiſes, under which fevers of either kind are ſometimes concealed, I know of none which creates greater embarraſſment, than that in which the fever in queſtion aſſumes the form of a pulmonary hectic; and yet there is no caſe in which a nice diſcrimination is more indiſpenſably neceſſary, as on the one hand the

the bark is the only remedy that can be relied on, and on the other it can hardly be ventured on with ſafety.

It was with the view of enabling me to form a readier judgment upon future occaſions of the ſame kind, that the following caſes were originally minuted down during my attendance on the reſpective patients. If they ſhall be found in any degree uſeful, or if they ſhall induce others to communicate their obſervations on the ſame ſubject, a much better end will be anſwered.

That moſt of the complaints which are the ſubject of the following caſes, bore a very near reſemblance to pulmonary conſumptions; and that the fever and other circumſtances attending them, were not eaſily to be diſtinguiſhed from the ſymptoms which uſually mark a genuine hectic, will, it is apprehended, ſufficiently appear from the caſes themſelves. I ſhall therefore only obſerve that as obſtinate and long-continued catarrhs, and acute pneumonic inflammation, have been always reckoned amongſt the cauſes which lead to conſumption of this kind; ſo moſt of

the following caſes will be found to have originated from one or other of theſe cauſes.

I ſhall begin with thoſe which originated from catarrhs, to which, as well as to the reſt, I ſhall ſubjoin ſuch remarks as occurred to me at the time, and helped to direct me to the uſe of the bark.

CASE I.

The Reverend Mr. Sandford, of Caſtle Hedingham, in the county of Eſſex, aged about ſixty-five, of a remarkably thin and emaciated habit, inſomuch that he had long conſidered himſelf as far gone in a conſumption, had for ſome years paſt been ſubject to ſevere catarrhs in the cold months; of which however he got well from time to time, upon the ſetting in of warm weather. About the latter end of April 1772, he was ſeized with a ſevere catarrhal fever, attended with cough, difficulty of breathing, and frequent ſtitches in his ſide, as well as the other ſymptoms uſually attendant on ſuch fevers. He was repeatedly bled, and otherwiſe judiciouſly treated

treated, by Mr. Walker the ſurgeon of the place, under whoſe care the violence of the ſymptoms was abated; and a plentiful expectoration coming on, he was thought to be on the point of recovery.

Still however, he had returns of fever at night, during which his expectoration was in a manner ſuſpended, his cough became exceedingly troubleſome, his breathing difficult, and he had, every now and then, ſtitches in his ſide. Towards morning he fell into profuſe ſweats, which laſted till about eight o'clock, when his expectoration returned, and continued free through the remaining part of the day. By this time, however, his appetite had quite left him, and he was reduced to a mere ſkeleton. Such was the account I received from Mr. Walker.

June 5—I viſited him for the firſt time, when I found him in the reduced condition juſt deſcribed, and at the ſame time hardly to be perſuaded that he was not abſolutely in the laſt ſtage of a conſumption; and indeed, his caſe appeared to me extremely doubtful. It was then about the middle of the forenoon; he had a

fluſhing circumſcribed redneſs in his cheeks, with heat and dryneſs in the palms of his hands; he had little or no thirſt at that time, but there was a hectic heat in his ſkin, perceptible after examining with the fingers for ſome time; he had alſo a hollow reſounding cough, with which he expectorated in a manner rather profuſe, bringing up a conſiderable quantity of matter ſlightly ſtreaked with blood, and in other reſpects much reſembling the matter diſcharged from an abceſs. This diſcharge I was told had rather increaſed for ſome time paſt.

His body I found, was perfectly regular, as he had a ſtool about the ſame hour every day. His urine (as far as I remember) had nothing remarkable in it; except that it was rather inclined to be high coloured. His pulſe was rather quick, and had ſome degree of tenſion in it; his cough had been exceedingly troubleſome in the night, and occaſioned much difficulty of breathing and ſtitches in his ſide; and as he had always born bleeding well, I deſired he might loſe ſix ounces of blood from the arm, which

which was done whilſt I was there, and the blood proved very ſizy.

As Mr. Walker had already given proper directions with reſpect to diet, I contented myſelf, for the preſent, with directing a ſpermaceti emulſion to be taken in the night when the cough was troubleſome; the volatile ſaline draughts to be taken every five or ſix hours; the pectoral decoction to be uſed for common drink, and five grains of the ſtorax pill to be taken at going to bed.

June 9—I viſited him again, when I found that his evening exacerbation had returned, and that his expectoration was ſuſpended as uſual during the night; that his cough, though ſomewhat eaſed by the opiate, was extremely violent; that his breath was ſtill bad, and that he ſtill complained of ſtitches in his ſide; all which ſymptoms however, I was told, were much abated upon the breaking forth of the ſweat, which was now become more profuſe. On this account, the volatile ſaline draught was changed for the common ſaline draught; ſome tincture of roſes was ordered to be taken at proper intervals, and

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he was desired to let his chamber windows be opened from time to time.

16th—I repeated my visit, without making any material alteration in his treatment. But I could not help observing, that whilst the evening exacerbations returned as usual, the sweats were now become alarmingly profuse, and were even extended to an hour later in the morning, though he had taken plentifully of the tincture of roses, and had been much exposed to the fresh air (which he seemed to enjoy) in the day time.

I saw him not again till the 19th, during which interval, having in my preceding visits perceived him to grow weaker and weaker every day, I began to be extremely anxious for the event of his case. Having observed however, that during my attendance, he was, in a manner, free from fever in the day time; that the paroxyms had regularly returned, at nearly the same hour every evening; that during my last visits, the urine, upon the going off of the sweat, began to deposite a lateritious sediment, which sediment was now become more copious, whilst it left the urine

urine perfectly clear at top; I began to entertain hopes that the diſeaſe might prove to be an intermittent.

Conſidering therefore, the means hitherto employed as merely palliative, and obſerving beſides, the extreme danger my patient ſeemed to be in, I thought I could not give him a better chance, than by a cautious trial of the bark. The only thing I was afraid of, was, that it might check the expectoration; but this I hoped would be compenſated for, if the evening exacerbation could be abated. I therefore directed two ounces of the decoction of bark to be taken every three hours during the day, deſiring it, however, to be diſcontinued, if the breathing ſhould become more difficult upon its uſe; in which caſe I directed two or three ſpoons full of the *lac ammoniacum*, with ſome oxymel of ſquills, to be taken occaſionally. The ſtorax pill was deſired to be repeated if neceſſary.

20th—He had regularly continued the decoction, (without being obliged to have recourſe to the expectorating mixture) except about the uſual time of the evening exacer-

exacerbation; which, however, proved very inconſiderable, in compariſon with what it had hitherto been; his cough was abated, and he had ſlept more than he had been accuſtomed to do by the uſe of the opiate alone; his breathing was alſo much better; he no longer complained of ſtitches in the ſide, nor was the morning ſweat ſo profuſe as it had been. His appetite alſo, (which had been long gone) began now to return.

He was deſired to perſiſt in the ſame plan for two or three days longer, about which time I hoped to ſee him again; there was no difficulty in perſuading him to comply with this direction, as he now began to entertain ſerious hopes of getting well, of which he had hitherto utterly deſpaired.

24th—He had now continued the decoction of the bark five days; his appetite was returned; his expectoration, without having once ſuffered any ſudden or total check, had daily diminiſhed in quantity, and, as it did ſo, aſſumed a leſs purulent appearance; the evening exacerbation indeed ſtill returned at the uſual time, but

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in a very ſlight degree; the cough and difficulty of breathing were abated in proportion, and his morning ſweats were no longer in any degree alarming.

Encouraged by theſe appearances, I reſolved he ſhould take the bark in ſubſtance. As, however, he had been rather coſtive for a day or two, I firſt preſcribed a doſe or two of rhubarb; after which I directed a drachm of the powder of bark to be taken three times a day for about a week, and afterwards twice a day for ſome time longer.

I ſaw him again on the 27th, till which time he had continued the bark regularly thrice a day. He had now got intirely rid of his feveriſh paroxyſms; his cough had nearly left him; he breathed eaſily; ſlept the whole night; had only a ſlight moiſture on his ſkin in the morning, and had recovered ſtrength enough to take the air every day, in an open chaiſe. As he had now no particular complaint, and was deſirous of leaving off the bark in ſubſtance, a wine-glaſs full of a weak decoction of it was recommended to be

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taken at eleven in the forenoon, and at five in the afternoon.

He was alſo adviſed to drink aſſes milk morning and evening; to eat milk for his breakfaſt, thin oatmeal gruel for his ſupper, and a ſmall quantity of light animal food, with table beer, for his dinner. Wine he had no inclination for; and in the afternoon, inſtead of tea, he commonly contented himſelf with milk and water.

After this, I only called upon him when I happened to be in his neighbourhood; and within about ſix or ſeven weeks from my firſt viſit, I had the pleaſure of ſeeing him perfectly recovered from a diſorder which at firſt ſeemed to afford but little hope.

Since that time I have twice attended the ſame gentleman, viz. about the end of March 1773, and again about the middle of February 1775. Both times the ſymptoms and progreſs of the diſorder were the ſame as before, as was likewiſe the method of cure; except that the bark was given ſooner, and the cure each time ſhortened. In the year 1773, the late Dr. Hoſſack was deſired to meet me. He

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ſeemed to form the ſame opinion of the caſe as I had done the firſt time I viſited the patient; in ſhort, he ſeemed to conſider it as a near approach to the laſt ſtage of a pulmonary conſumption. However, upon being informed of the particulars already related, he conſented that the ſame method ſhould be again purſued, which was done accordingly, and with the ſame ſucceſs.

REMARKS.

As Mr. Sandford's was the firſt caſe of this kind which had fallen under my care, and as from the beginning I thought I ſaw ſomething which inclined me to hope the caſe was not altogether ſo deſperate as it appeared, I was reſolved to pay every poſſible attention to it.

His make indeed was ſuch as beſpoke a conſumptive habit, and the emaciated ſtate he was then in, was ſuch as is rarely met with but in the laſt ſtage of a genuine conſumption. Underſtanding, however, that he had for ſome years paſt been ſubject to bad catarrhs, of which he had hitherto

hitherto conſtantly got well, I could not help entertaining ſome hope of a like iſſue in his preſent caſe.

The circumſtances which kept me longeſt in ſuſpence, were, the ſeveral hectic ſymptoms, which I could not readily account for upon any other ſuppoſition than that of matter abſorbed from ſome ulcer exiſting in the lungs; and indeed the appearance of what was thrown up by expectoration, which ſo nearly reſembled that diſcharged from an abceſs, ſeemed not a little to countenance ſuch a ſuſpicion; and yet, when I conſidered that there were no ſigns either of tubercles, or ulcers, previous to his preſent attack, and that his method of treatment before I ſaw him, left no room to ſuppoſe any thing like ſuppuration could have taken place ſince, I could by no means perſuade myſelf that the caſe was really a pulmonary conſumption.

After a few viſits other circumſtances tended to confirm my doubts. The febrile exacerbations, I obſerved, happened only in the evening, leaving the patient through the whole day with little more heat

heat than what appeared to be of the hectic kind; whereas in the genuine pulmonary hectic there is an exacerbation likewiſe about the beginning of the afternoon, which was evidently wanting in this gentleman's caſe. The urine alſo I thought bore little reſemblance to that of a genuine hectic. It never exhibited a greaſy appearance on the ſurface, nor a branny ſediment towards the bottom of the pot; appearances often met with in the urine of hectic patients.

On the other hand, I had more than once obſerved, that though the urine was generally clear in the day-time, nevertheleſs, upon the going off of the morning ſweats, which terminated the paroxyſms, it had for ſome days appeared loaded with lateritious contents, which at length I obſerved ſettled to the bottom of the glaſſes, leaving the urine at the top perfectly clear and tranſparent. I now began to conſider the caſe in a different point of view. I knew that fevers which at firſt exiſted in a different form, became ſometimes intermittent. I had likewiſe been taught by Dr. Morton, that fevers

of this kind occaſionally aſſumed a variety of ſhapes; and amongſt the reſt that of pulmonary conſumption. This I hoped might be the caſe in the preſent inſtance; and the more I reflected on the matter, the more I was confirmed in this opinion.

Still, however, difficulties occurred with reſpect to the bark, as the expectoration had not been ſufficiently adverted to in the caſes I had an opportunity of conſulting. I was afraid, leſt the bark, by its aſtringent quality, ſhould, as it was before obſerved, diminiſh the expectoration, and render the breathing as bad in the day as it was in the night.

As this diſcharge ſeemed, however, rather to increaſe in the night, and diminiſh in the day-time, and as the patient grew manifeſtly weaker every day, I could not help conſidering it as one of thoſe enfeebling drains alluded to by the late Dr. Fothergill, in a paper on this ſubject *; and this I imagined might be the caſe, whether the diſcharge was truly purulent or not. In the preſent inſtance, however, I rather

* Medical Obſerv. and Inq. vol. 5. p. 349.

I rather conſidered it as the effect of increaſed ſecretion, ſupported by a ſuperinduced weakneſs and relaxation of the excretory veſſels of the lungs, in conſequence of the previous and long continued drain this way.

Upon this ſuppoſition therefore, which the event afterwards ſeemed to juſtify, a diminution of the diſcharge was a thing rather to be wiſhed than feared; and in this caſe there would ariſe a double indication for the bark; firſt, as the only known ſpecific for the cure of fevers of the intermittent kind; and next, as a tonic adapted to leſſen or reſtrain a weakening diſcharge, which probably had no inconſiderable ſhare in ſupporting ſome of the hectic ſymptoms.

That this, however, might be effected in as ſafe a manner as poſſible, it ſeemed neceſſary to proceed with a due degree of caution; and for this reaſon the decoction was firſt preſcribed, and its effects carefully watched, before the bark was given in ſubſtance.

CASE II.

The wife of Mr. Carder, a ſhopkeeper in Sudbury, had for many weeks laboured under a ſhort cough, difficulty of breathing, ſtitches about the breaſt, and a ſlow fever, ſuppoſed to be of the hectic kind. Loſs of appetite, decay of ſtrength, and purulent expectoration, in a ſmall quantity, were likewiſe amongſt the ſymptoms of her complaint. She was under the care of Mr. Downes, who had bled her ſeveral times, and had given her ſaline draughts, ſpermaceti emulſions, lac ammoniacum, and opiates occaſionally. She alſo took gentle laxatives between whiles, and had beſides a perpetual bliſter between her ſhoulders.

March 26, 1775, I was deſired to viſit her. She had ſtill a ſhort cough, with which ſhe now and then expectorated a little. What ſhe threw up was ſometimes mixed with viſcid phlegm, but at other times had altogether a purulent appearance. Her breath was rather ſhort, and ſhe complained

plained of ſtitches in her ſide when ſhe coughed, though her cough was by no means violent. She alſo complained of a lump in her breaſt, which ſhe deſcribed as being under the ſternum. She had little or no thirſt, and no preternatural heat, except in the palms of her hands. Her pulſe was quick and ſmall, with ſome degree of hardneſs in it; and her tongue had a whitiſh fur on it.

She told me ſhe was nearly in the ſame ſtate during the day, but was always reſtleſs at night, when her cough and breathing were much worſe. She likewiſe thought ſhe was worſe ſome days than others. She had been bled that morning, and her blood was rather fizy. Her appetite was bad; and her diet conſiſted chiefly of milk gruel, thin broths, and the like.

As ſhe was then taking the ſaline draughts, an expectorating mixture, and the pectoral decoction for common drink, I ordered nothing new; but deſired her to obſerve particularly on what days ſhe appeared to be worſe than ordinary, and to ſave her urine. After viſiting her

a few times, I obſerved that her urine let fall a ſediment, ſometimes white, and ſometimes of the lateritious kind; ſhe alſo told me ſhe was now ſenſible of being manifeſtly worſe every other day.

The caſe was now ſufficiently clear. I therefore directed two ounces of the decoction of bark to be taken three or four times a day; and ſix grains of the ſtorax pill at night. After ſome days ſhe proceeded to the bark in ſubſtance, which ſhe continued at firſt thrice, and afterwards twice, a day, for about a fortnight or three weeks. From the time ſhe began to take the bark, her reſtleſſneſs left her; her appetite returned; her cough, and difficulty of breathing became every day better; ſhe no longer felt any ſtitches in her breaſt, and her expectoration gradually loſt all appearance of purulence. For the laſt fortnight ſhe rode out every morning on horſeback, but would not take aſſes milk. In a month from the time I firſt ſaw her, ſhe had no complaint remaining.

REMARKS.

REMARKS.

In this caſe the ſymptoms were by no means ſo alarming, as thoſe which attended Mr. Sandford. They were, however, of a nature ſomewhat doubtful. The ſhort cough; the difficulty of breathing; the ſtitches in the breaſt; the ſenſation of a lump within the cheſt; the purulent appearance of the expectoration, and the ſlow fever in ſome meaſure reſembling a hectic, were circumſtances which ſeemed to indicate tubercles, or an ulcer already formed, in the lungs.

There was, however, nothing in her conſtitution that could poſſibly lead to a ſuſpicion of this kind; and her complaints began at a ſeaſon when catarrhs were epidemic in the neighbourhood, which afforded ſufficient ground to hope that her diſorder was of the ſame kind. Beſides, in tubercular caſes, the ſymptoms are at firſt exceedingly obſcure, and the cough for a long time exiſts in a dry form; whereas in this patient, the ſymptoms came on at once with ſome de-

gree of violence; and her cough was attended almoſt from the beginning with as much expectoration as at any time afterwards.

The matter coughed up from time to time, though ſmall in quantity, had, as was obſerved, a purulent appearance; ſo likewiſe has the mucus diſcharged from the noſe in ſome ſpecies of catarrh, and yet the diſcharge is not ſuppoſed to be any thing more than an increaſed ſecretion of mucus.

With regard to the circumſtances which led to the uſe of the bark, they are ſufficiently explained in the caſe itſelf. It may not, however, be amiſs to obſerve, that the indication for the bark became ſo much the plainer in this caſe, as the ſupporting fever, if it may be ſo called, was not long before it aſſumed a tertian form; a circumſtance not to be met with in a genuine pulmonary hectic.

As the foregoing caſes ſhew the tendency of protracted catarrhs to degenerate into concealed fever of the intermittent kind, and under this form to ſupport ſymptoms in many reſpects nearly reſembling

bling pulmonary conſumption; ſo the ſame kind of tranſition, and the ſame conſequences, but in a ſtill higher degree, will be obſerved to have marked the following caſes, which originated from acute pneumonic inflammation.

CASE III.

Mr. Everard, of Bures Hamlet, about ſeven miles from Sudbury, aged about thirty-two, had from his infancy been of a remarkably thin and conſumptive habit. About the latter end of May 1772, he was ſeized with the uſual ſymptoms of an acute pleuro-peripneumony, in which he was attended by Mr. William Roſe, an ingenious ſurgeon, then living in the ſame town, by whom he was repeatedly bled, and otherwiſe treated in the moſt judicious manner; but notwithſtanding this, about the fifth day a moſt alarming rigor came on, which was ſucceeded by ſo ſudden and copious a diſcharge from the lungs, that he was in danger of ſuffocation.

The matter brought up, Mr. Roſe informed me, was much ſtreaked with blood, and

and greatly reſembled that uſually diſcharged from a large abceſs. His breathing was but little relieved by it, though the fever, ſoon after, began to remit in the day-time. Still, however, he had a ſevere exacerbation every evening, which laſted till between two and three o'clock in the morning; about which time he fell into a ſweat, which commonly continued till the middle of the forenoon. Theſe ſweats were ſo profuſe that he was often in danger of fainting even in bed.

When I viſited him the firſt time, which was June the 8th, his pulſe was extremely low; he was very much emaciated; his face was pale, and his countenance truly hippocratic. During the night his expectoration was totally ſuſpended, and, in conſequence thereof, his cough was violent; he had frequent ſtitches and much ſoreneſs in his breaſt, breathed difficultly, and could get no reſt till the ſweat broke forth.

I ſtaid with him till the ſweat was gone quite off. His pulſe now had recovered a tolerable degree of ſtrength, but was quick, and had a degree of hardneſs, which

which had ſuggeſted to Mr. Roſe the neceſſity of taking away a few ounces of blood the day before. It appeared ſomewhat ſizy, but the craſſamentum was rather looſe in its texture. He had alſo for a day or two paſt had ſeveral looſe ſtools, which rather ſhewed a putrid tendency. His tongue likewiſe was brown and dry, and much chapped.

As the ſweat went off, his ſkin, I obſerved, became harſh and dry, particularly the palms of his hands, which were alſo of a roſy hue; in his cheeks likewiſe a circumſcribed redneſs began to appear; he had, however, little or no thirſt, and ſo ſmall a degree of preternatural heat, except in the palms of his hands, that it was hardly diſtinguiſhable without examining for ſome time. His cough was no longer ſtraining, but rather of the hollow kind, with which he expectorated copiouſly, and with great eaſe. He likewiſe breathed freely, and did not complain of ſtitches in his ſide, or foreneſs in his breaſt.

I ſaw no occaſion for the further uſe of the lancet. But as his purging was

was not gone off, and he complained a little of griping pains, I thought it neceſſary to order a few grains of rhubarb to be taken in the ſaline draughts twice or thrice in the day, and ſix grains of the ſtorax pill to be taken at night, in order to appeaſe the violence of the cough. I alſo adviſed the patient not to wait for the going off of his ſweat, but to get up two or three hours ſooner in the morning; and as I had not yet ſeen his urine, I deſired it might be ſaved in glaſſes.

9th—I viſited him again. His cough and difficulty of breathing, as alſo the ſtitches in his ſide and ſoreneſs of his breaſt, were relieved, in ſome meaſure, by the opiate; but he had been ſomewhat griped, complained of ſickneſs and load at his ſtomach, and was alſo frequently troubled with a hiccough; his pulſe was at the ſame time exceedingly low. I therefore preſcribed a gentle vomit, and volatile ſaline draughts, with ſix drachms of the muſk julep, and a ſcruple of the cardiac confection in each.

10th—His vomit had brought up a good deal of viſcid phlegm, and a conſiderable quantity of bile. His hiccough was quite gone; he had a natural ſtool towards the evening of the preceding day, and paſſed a better night than uſual. His expectoration however, was ſuſpended till the ſweat had been on ſome time, after which it returned ſuddenly, and in a great quantity. The ſweats likewiſe were alarmingly profuſe, notwithſtanding they received ſome check by his riſing ſooner in the morning, and ſitting in a chair, which he ſeemed to enjoy, as he did likewiſe the freſh air, which had been directed to be let into his room from time to time. His urine was perfectly clear, and rather high coloured, but ſmall in quantity, and that chiefly voided upon the coming on of the evening exacerbation.

As his pulſe had now recovered a ſufficient degree of ſtrength, the cardiac confection was omitted, and the tincture of roſes, well acidulated, ordered inſtead of the draughts. From the expectorating mixture, he never ſeemed to receive any benefit; it was therefore now laid aſide,

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as was likewiſe a pectoral decoction, which he had hitherto uſed for his common drink, but which now ſeemed to diſagree with him. Inſtead of this he was directed to drink weak lemonade, and ſometimes a little weak red wine negus. The ſtorax pill was continued as uſual.

11th—He had paſſed a pretty good night; his pulſe was more ſoft and full than I had hitherto obſerved it, though his ſweat, which had been as profuſe as ever, was but juſt gone off. I had likewiſe the ſatisfaction of ſeeing a copious lateritious ſediment at the bottom of the glaſſes in which his urine had been ſaved, while the urine above was perfectly clear. I therefore ordered an ounce and a half of the decoction, and two ſcruples of the powder of bark, to be taken every three or four hours, beginning early in the morning, without waiting till the ſweat was quite gone off. I alſo ordered the tincture of roſes, and lemonade to be continued; and likewiſe the opiate if neceſſary.

12th—The bark had been regularly continued through the preceding day, and agreed

agreed with him perfectly well. His evening exacerbation was very inconſiderable, in compariſon with what it had been. He therefore reſolved to omit the opiate; and notwithſtanding this omiſſion, coughed but little, breathed with tolerable eaſe, and had, upon the whole, a better night than the opiate had ever procured him. His morning ſweat, however, was in no degree abated, and his expectoration continued as copious as ever; but his appetite was ſo far recovered that he could eat a bit of chicken, or light bread pudding for his dinner, which he had not before been able to do.

He was deſired to perſiſt in the ſame method, which he did about ten days longer, by which time he had got quite rid of his evening exacerbations. Still, however, his morning ſweats were as profuſe as ever, nor was his expectoration in the leaſt abated; on the contrary, it now continued in the night as well as the day. He was before extremely emaciated, and in conſequence of theſe profuſe evacuations, became every day more and more ſo; whilſt his hectic

ſymptoms,

ſymptoms, which ſeemed for a while to have given way, became more obvious than ever; his cough, though leſs violent and ſtraining, and leſs troubleſome in the night, ſtill continued; and his expectoration preſerved it purulent appearance.

The weather being hot, he was permitted to enjoy as much freſh air as he could by ſitting againſt an open window; he was likewiſe deſired to take two ounces of the decoction of bark, with twenty drops of the elixir of vitriol twice a day; and at proper intervals to drink aſſes milk. He was alſo adviſed to attempt riding on horſeback. At firſt he was ſo weak that he could with difficulty ſit on the horſe; by degrees, however, he acquired ſtrength enough to ride five or ſix miles; and by perſeverance was at laſt able to purſue his favourite diverſion, hunting.

I ſaw him about four months after my laſt viſit, when he told me he was in as good health as he ever remembered to have been.

REMARKS.

REMARKS.

In the caſe of the reverend Mr. Sandford, there was not ſufficient reaſon to believe that actual ſuppuration had taken place, or that any ulcer exiſted in the lungs. But in the caſe juſt now related, the acuteneſs of the fever and other ſymptoms in the firſt ſtage of the diſorder; the ſevere rigor which took place on the fifth day, and the ſuddenneſs and copiouſneſs of the expectoration which followed, together with its highly purulent appearance, were circumſtances which left no room to doubt that a conſiderable abſceſs had been actually formed, and broke at that time. Whether this event would certainly lead to pulmonary conſumption, was a matter not to be determined at once, though the make and conſtitution of the patient ſeemed not a little to countenance ſuch a ſuſpicion.

For my own part, I was rather inclined to hope otherways; firſt, becauſe, ſo far as I was able to recollect, abſceſſes of this kind which ended in conſumption, were commonly preceded by ſigns of chro-

nic obſtruction in the lungs, which had been wholly wanting in this caſe; and next, becauſe the matter in ſuch caſes, commonly contracted a degree of fœtor, of which the patients were for the moſt part ſenſible ſome time before the vomica burſt. But in the preſent inſtance, beſides the abſence of fœtor, the expectorated matter had a more equally concocted appearance, than that which firſt follows the burſting of vomicæ which lead to pulmonary conſumption. I was therefore in hopes, if the cough and other ſymptoms could be removed in time, that the breach in the lungs might be healed before it degenerated into a permanent ulcer.

'Till this however could be effected, it was reaſonable to imagine that abſorption might take place, whenever the diſcharge from the lungs ſhould happen to be ſuſpended; and as this was always the caſe during the night, it ſeemed highly probable that ſome particles of the retained matter were actually abſorbed, and occaſioned thoſe hectic ſymptoms, which generally came on after the colliquative ſweats were gone off.

The

The ſtate of his tongue, which was dry and chapt, (an appearance hardly ever met with in the early ſtage of a genuine pulmonary hectic) together with the violence of the exacerbations, which however returned only in the evening, I could not help conſidering as circumſtances which indicated the fever to be of a different kind. I knew that fevers at firſt highly inflammatory, ſometimes become putrid remittents, and ſometimes, by a more favourable turn, even aſſume an intermittent form; and ſuch a tranſition I had already ſeen more than once in pulmonary caſes.

I therefore waited for ſome ſuch change, with a degree of impatience equal to the danger I apprehended my patient to be in. At length, the urine depoſited a copious lateritious ſediment, leaving that above perfectly clear. I am the more particular in adverting to this laſt circumſtance, becauſe, where the bark has been, in other reſpects, more plainly indicated than it ever is in theſe mixed caſes, I have frequently known it to fail, when adminiſtered whilſt the urine, however loaded

with lateritious contents, ſtill remained in a turbid ſtate.

From what is here ſaid, and from the remarks on Mr. Sandford's caſe, it may be collected, that the abſence of fever during the day-time; the return of the exacerbations at night only; and the ſtate of the urine here deſcribed, were the circumſtances which have hitherto led me to the uſe of the bark in theſe caſes. But as the concluſion to be drawn from them amounts to no more than a reaſonable probability, ſo I have always thought it prudent rather to feel my way, than to enter at once upon the full uſe of a remedy which might perhaps do harm; but if, after a cautious trial, the ſymptoms, as in theſe caſes, evidently give way, I think no other proof can poſſibly be required of the expediency of the medicine in queſtion.

It is not, however, to be ſuppoſed, that the bark will ſuperſede the neceſſity of other remedies. Accordingly, after having removed thoſe ſymptoms which ſeem to be occaſioned by fever of the remittent or intermittent kind (for which the bark is particularly calculated); a milk diet

diet; riding on horſeback, &c. will commonly be neceſſary to re-eſtabliſh the health of the patient; not to mention thoſe remedies which may be required before the bark can be ſafely given.

CASE IV.

About the firſt week in May 1773, Mr. Philip Herrington, a farmer, aged about forty-five, was ſeized with a very acute pleuro-peripneumony, for which he was very properly treated by Mr. William Young, of Clare, aſſiſted by his brother, John Young, Eſq. who had formerly practiſed in the ſame place. The former of theſe gentlemen informed me, that on the ſeventh day of the diſorder the patient had a violent ſhivering, which was followed the next day by a copious expectoration, ſlightly ſtreaked with blood; that about the ſame time, he voided turbid urine, and ſweated plentifully, but that the febrile and other ſymptoms, though conſiderably abated, were far from being intirely removed. That for ſome time

after this, he continued to have a manifeſt degree of fever all day, with a regular exacerbation towards night, which was generally preceded by a ſlight ſhivering; that towards morning, he conſtantly fell into profuſe ſweats, which continued till about ten in the forenoon. Mr. Young added, that the patient complained much of cough, difficulty of breathing, and ſtitches in his ſide during the night; and alſo, that he had great heat and thirſt, as well after as before his ſweats broke forth.

June 14—I viſited him for the firſt time. I found him ſitting in a great chair before the window, which was open. His morning ſweat was gone off, and he had a hollow reſounding cough, with which he expectorated very freely what had all the appearance of well-concocted pus; there was alſo a hectic heat in his ſkin; intenſe circumſcribed redneſs in his cheeks; much thirſt; and conſiderable quickneſs, with ſome degree of tightneſs, in his pulſe. He was exceedingly emaciated, and his countenance was truly hippocratic. His appetite had been long gone, but he was perfectly regular as to ſtools.

During

During the firſt part of the preceding night, he had been extremely hot and reſtleſs, with great thirſt; but about three in the morning, his ſweat had broke out as uſual, and laſted till an hour or two before I viſited him; when it left him, not quite free from fever, but with no great difficulty of breathing. His urine was loaded with lateritious ſediment, which ſettled in a proper manner, as I was informed it had done for ſome time.

Though the fever could not be conſidered as intermittent, (as it was never intirely off) yet the exacerbations and remiſſions were ſo diſtinctly marked, that theſe circumſtances, together with the ſtate of the urine, I thought afforded a ſufficient indication for the bark; and both the Meſſrs. Young joining with me in this opinion, it was agreed that he ſhould take an ounce and a half of the decoction, with one ſcruple of the powder of bark every three hours; beginning as ſoon as the ſweat was off. I alſo preſcribed a julep with half an ounce of the oxymel of ſquills, to be taken if his breath ſhould be ſtraightened by the bark; and a laxative

glyſter, in caſe of coſtiveneſs. He was likewiſe adviſed to drink aſſes milk.

I did not ſee him again till the 24th, when I was informed, that after he firſt began to take the bark, his appetite grew better; his evening exacerbation ceaſed; his ſweat was conſiderably leſſened; his tongue (which before was dry) became moiſt; he had leſs hectic heat in the day; manifeſtly gained ſtrength; and his expectoration daily leſſened, without his difficulty of breathing being increaſed.

Notwithſtanding all theſe encouraging appearances, he could not be perſuaded to continue the bark, but had left it off during the laſt four or five days; in conſequence of which, he was now nearly as bad as when I firſt ſaw him. Both he and his friends (who had imbibed ſome prejudices againſt the bark) now took it for granted he muſt die. With ſome difficulty, however, and not without the moſt poſitive aſſurances that it would probably be the means of ſaving his life, he was perſuaded to return to the uſe of the bark. I therefore preſcribed a very ſtrong decoction of it, with twenty drops of elixir of vitriol

vitriol in each doſe, except in thoſe which were to be taken near the time of his drinking the aſſes milk. He was alſo deſired to get on horſeback as ſoon as he was able, and to extend his rides gradually every day.

My third viſit was not till ſome weeks after, when he told me he had ſtrictly complied with my advice. He had then no complaint, and followed his farming buſineſs, in the ſame manner as he had always been uſed to do.

REMARKS.

Whether in this caſe a ſuppuration took place after the ſhivering which happened on the ſeventh day, or whether the diſcharge which followed (however purulent in appearance) was no more than the expectoration uſually produced by pneumonic inflammations, is a point which ſtill remains doubtful. Be this as it may, the nature and circumſtances of the fever, compared with what I had ſeen in Mr. Everard's and other caſes, in my opinion ſufficiently

ficiently indicated what ought to be the method of treatment.

The fever indeed, being never intirely off, had more of the remittent form than I had hitherto met with in ſimilar caſes; and therefore more nearly reſembled a pulmonary hectic. The ſymptoms, however, were too violent for the beginning of a fever of this kind; which, from whatever cauſe it proceeds, commonly creeps on by ſlow degrees. There was alſo a total abſence of one of the paroxyſms which mark a genuine hectic in its advanced ſtages; whilſt the manifeſt abatement of the fever in the day-time, the regular recurrence of exacerbation at night, and the ſtate of the urine, as before deſcribed, plainly indicated a fever of the remittent kind.

Theſe circumſtances, therefore, appeared to me ſufficient to juſtify my preſcribing the bark at my firſt viſit; and the event of the caſe amounts to little ſhort of demonſtration, that without it a cure could hardly have been effected. This appears from the obvious and almoſt immediate ſigns of amendment which followed its firſt uſe; from the dangerous relapſe he ſuffered

upon

upon diſcontinuing it for a few days; and from the renewed amendment and final eſtabliſhment of his health upon his returning to it a ſecond time, and duly perſiſting in it.

In all theſe caſes, there was one circumſtance which I wiſhed to aſcertain in a more ſatisfactory manner, than from mere circumſtances and appearances only; I mean whether the diſcharge from the lungs was really purulent or not. But I knew no method of arriving at certainty in that reſpect.

The following caſe, which is that of a ſpaſmodic aſthma, is related only for the ſingularity of its attack, and for its being, like the former, wholly ſupported by concealed fever of the intermittent kind, and cured by the bark.

CASE V.

Sept. 6, 1773, I was deſired to viſit the reverend Mr. Fiſke, of Shimplin, about eight miles from Sudbury. Mr. Robert Roſe, his ſurgeon and relation, requeſted me to ſtay all night, as otherways, he obſerved,

ſerved, I could never form an adequate idea of his caſe. The patient appeared to be betwixt thirty and forty, of a habit inclined to corpulency, with a thick ſhort neck, and a countenance rather bloated.

'Till a few months before, I was told he had always enjoyed good health; but that about the beginning of June (being in London) he was ſeized with a bad cold, attended with great difficulty of breathing, of which he got well under the care of Dr. Jebb. That ſoon after this he returned to Shimplin, but had not been at home long before his breath became ſo bad in the night-time that he was obliged to be ſupported in bed by pillows, ſo as to be nearly in a ſitting poſture; and that, if he attempted to cloſe his eyes but for a minute or two, he was in danger of inſtant ſuffocation, upon which account he had for ſeveral weeks paſt been obliged to have two nurſes ſit conſtantly in his room every night.

During this time Mr. Roſe informed me that he had been bled more than once; had taken one or two vomits, lac ammoniacum, caſtor, and various other remedies,

dies. The night before I viſited him, he had taken a bolus, containing five grains of calomel, and two of *ſulph. antimon. præcipit.* and a common purging potion in the morning. Nothing, however, that had been hitherto done, had procured him the leaſt relief.

Had I not received this account from Mr. Roſe, I ſhould, upon my firſt viſit, have concluded, that the patient ailed very little. His countenance, though ſomewhat bloated, had in other reſpects the appearance of good health; his pulſe was moderately full, perfectly regular, and without the leaſt degree of quickneſs; his tongue was clean; his appetite good; he was free from thirſt, and had no feveriſh heat in his ſkin; his urine was of a bright amber colour; he had no cough, nor any tinge of yellowneſs in his eyes.

The only circumſtances which ſeemed to demand any attention, were, a hoarſeneſs which he ſaid had been upon him many weeks, and a conſtant ſlight weezing, from which he ſuffered but little inconveniency, except when he happened to doſe, to which he was very prone from his long want of ſleep in the night.

Hitherto

Hitherto I had been able to form but an imperfect idea of the manner in which his breath was affected; between nine and ten in the evening, however, after he had ſupped and drank about three glaſſes of wine, he began to be unable to keep his eyes open; but the moment he began to doſe was ſeized with a ſtrangulation, like that to which hyſterical women are ſubject; his neck ſwelled in an inſtant; his eyes became prominent, and his whole countenance like that of a perſon in an apoplectic fit; his reſpiration ſeemed totally ſuſpended; and his pulſe intermitted for ſeveral ſtrokes, and when it beat, the ſtrokes were ſo weak as hardly to be diſtinguiſhed.

In this manner he continued near a minute, after which he rouſed himſelf like a perſon recovering from a fright, and returned to the ſame ſtate he was in before the attack. He had three or four of theſe paroxyſms before he went to bed, which came on and went off exactly in the ſame manner; during the intervals, however, he grew thirſty, and his pulſe became gradually more full and quick.

About

About eleven o'clock he retired to his chamber, and, after he was in bed, I was deſired to ſee him. I found him ſupported in bed, in the manner already deſcribed, with two women ſtanding by him, to raiſe him if he ſhould happen to ſlip down during the paroxyſms. I ſat by him during the ſpace of half an hour, in which time, oppreſſed with inclination to ſleep, he frequently nodded, but was as often waked by a return of his paroxyſms, which were of the ſame kind as thoſe I had been witneſs to after ſupper; but his countenance, in the fits, approached more nearly to a livid hue, and his ſtrugglings were more violent and alarming. In this manner I was informed he had conſtantly paſſed his nights for ſome weeks paſt, to the inexpreſſible terror of thoſe about him.

While I ſat by his bed-ſide, during the intervals of his fits, I obſerved a manifeſt redneſs diffuſed over his whole countenance, he became very thirſty, and his pulſe was conſiderably quicker and fuller than I had yet perceived it. His tongue alſo, which was clean and moiſt during the day, was now become brown and dry.

I viſited

I viſited him again about eight in the morning, which was his uſual time of riſing. He was then getting up, for he was afraid to indulge any inclination he might have to ſleep. I was told, however, that an hour or two before, his ſkin became ſomewhat moiſt; and examining his urine, that which was voided in the fore part of the night, appeared high-coloured, but that which was voided towards morning, had depoſited a ſmall quantity of lateritious ſediment.

Though I could have wiſhed to have ſeen more ſediment in the urine, nevertheleſs, having obſerved the manifeſt tranſition from a non-febrile to a febrile ſtate, and being moreover aſſured that this had now been the caſe for many weeks; I had little doubt but that the paroxyſms which affected his breath in ſo dreadful a manner, were, in a great meaſure, if not wholly, ſupported by lurking fever of the intermittent kind. Upon mentioning my ſuſpicion to Mr. Roſe, he readily inclined to the ſame opinion.

As the paroxyſms, however, were ſo evidently ſpaſmodic as well as febrile, I thought

thought it neceſſary to join the tinctures of valerian and caſtor to the decoction of bark. Accordingly, a draught ſo prepared was directed to be taken at eleven in the morning, and at five in the afternoon; and an expectorating mixture was ordered to be kept in readineſs, to be taken as occaſion might require. He was likewiſe adviſed to leave off drinking foreign tea, and to drink valerian, or roſemary, tea in its ſtead. I alſo deſired Mr. Roſe, if he found the bark did not affect the patient's breathing in the day-time, or otherwiſe diſagree with him, after a day or two to give it in ſubſtance.

I did not ſee him again till the 17th, when he told me, that he began to take the bark the day it was ordered; that his breathing was leſs violently affected than before; that he enjoyed longer intervals between the paroxyſms in the night; that he was leſs thirſty and feveriſh, and of late had ſlept from four till about ſeven in the morning.

He likewiſe informed me, that Mr. Roſe calling on him the next day, and finding ſuch evident ſigns of amendment, ſent

him an ounce of the powder of bark, divided into eight doſes, with directions to take one every three hours, beginning as ſoon as he conveniently could in the morning; he ſaid, that having complied with this direction, he ſlept the ſucceeding night for five or ſix hours without the uſual interruption from his fits; and that now he felt no inconveniency with reſpect to his breathing, except after a full meal.

He had for ſome days purſued his uſual amuſements in the fields, and has ever ſince enjoyed a ſtate of good health, without any return of his complaint.

XXIII. *On the Efficacy of Opium, in the Cure of the Venereal Diſeaſe; by* FREDERIC MICHAELIS, M. D. *Phyſician-General to the Heſſian Troops. Communicated by* DR. SIMMONS. *Read Dec.* 30, 1783.

THE uſe of opium, as a ſpecific, in the venereal diſeaſe, is one of thoſe new ideas which we owe entirely to accident. No one (ſo far as I know) ever gave this medicine in venereal caſes, unleſs merely to alleviate pain or leſſen irritability, before the year 1779; when the idea of its poſſeſſing peculiar antivenereal powers, was ſuggeſted by the aſtoniſhing recovery of a young gentleman, who, after having tried a variety of mercurial preparations, for a moſt inveterate venereal complaint, gave up his buſineſs in New-York, where he then reſided, and went to England, without hopes of recovery. He there took large quantities of opium to alleviate his excruciating pains; its effect, however, ſurpaſſed his moſt ſanguine expectations, for, without uſing any other remedy, he found him-

ſelf perfectly cured within a very ſhort ſpace of time.

I no ſooner heard of this extraordinary recovery, than I became deſirous to aſcertain whether opium would have the ſame effect where no mercury had been uſed. My trials for this purpoſe have been pretty numerous, and in general attended with great ſucceſs. They were made with all the accuracy I was capable of. The medicines were always given by the mates of the hoſpital, and I myſelf ſaw the patients daily, and wrote down, upon the ſpot, every change that occurred. The patients were ſo carefully attended to, that I am certain they took the medicines in the doſes I directed; and equally certain that they took no mercury, or other remedy.

I think it neceſſary to mention this, as many perſons are prejudiced againſt obſervations made in military hoſpitals, from a ſuppoſition that they cannot be made with ſufficient accuracy. But I muſt beg leave to obſerve, that when military hoſpitals are properly conducted, they afford an opportunity for as much accuracy in experiments, as can poſſibly

poſſibly be obtained in other hoſpitals, or in private practice. And, in an inquiry like the preſent, they have this peculiar advantage, that we are able at any time to get information, from the regimental ſurgeons, whether the patients have had a relapſe after their diſmiſſion from the hoſpital.

The caſes I now have the honour to lay before you, are only part of my experiments on this ſubject, (the whole of them you would perhaps think too tedious) but I muſt obſerve, that they are by no means ſelect ones, as nothing, I think, has been more prejudicial to medical ſcience than the partial accounts of different remedies already publiſhed. I acknowledge, indeed, that opium has not always ſucceeded, but the proportion of the ſucceſsful caſes, to thoſe in which this remedy alone did not effect a cure, was as three to one; and among the caſes in which it failed, there were many in which mercury proved equally ineffectual.

It is truly aſtoniſhing what immenſe quantities of this remedy the human frame will bear. We have been uſed to think

two hundred drops of laudanum a day, a conſiderable doſe, even in caſes of *Tetanus*, in which, for obvious reaſons, greater quantities may be given than in moſt other complaints. But half a drachm, or two ſcruples of the *Extractum Thebaicum* daily, is what has, I believe, been ſeldom given. Yet this is the doſe which ſeveral of my venereal patients (who never had been accuſtomed to opium) took for ſeveral weeks, with the beſt effect; and it was very remarkable, that theſe enormous doſes often produced little or no ſleep, and that when they had that effect at firſt, it generally went off in a ſhort time.

The effects this medicine produces upon the human body, have not yet been obſerved with ſufficient accuracy. It is a general opinion, that it diminiſhes every ſecretion, perſpiration excepted. This certainly is a miſtake; and though in many caſes it promotes a diaphoreſis, yet in many others I have ſeen no ſuch effect, but, in its ſtead, a plentiful ſecretion of urine, ſo that in ſeveral patients, the quantity of urine exceeded that of all the fluids they had drank. This effect of large doſes of opium

on

on the ſecretion of urine, though not quite ſo general a one as its promoting ſweat, all my medical friends in New-York who made trial of this new remedy, have obſerved ſo often, that, extraordinary as it may ſeem, the fact is beyond all doubt.

Another effect, which I, and ſeveral of my medical friends, obſerved now-and-then (though rarely) was, an increaſed ſecretion of ſaliva, ſometimes amounting to an actual ſalivation; a ſymptom which I could not aſcribe to any former remedy, as it occurred even in thoſe who had never taken any mercury. But what will perhaps appear ſtill more incredible, is, that opium ſometimes produces a moſt violent diarrhoea, particularly when great quantities of it are accumulated in the bowels. As to its effect upon the pulſe, I found generally that it quickened it at firſt, but afterwards commonly made it very ſlow and full; yet, in a few caſes, I have ſeen it continue quick and ſmall, till the opium was diſcontinued. Sometimes indeed it produced head-ach, anxiety, pain in the breaſt, &c. which uſed immediately to vaniſh after bleeding; and for this rea-

ſon, if the patient is of a full habit, we ought not to omit bleeding, before we give the opium. I alſo made it a conſtant rule, to cleanſe the bowels previouſly, if there was any indication for doing ſo; it being well known that opium is improper when there are impurities in the firſt paſſages.

I have ſeen ſome few whoſe ſtomachs did not bear opium in ſubſtance; and even the thebaic tincture was now-and-then thrown up, but this happened ſo ſeldom, that I did not find it neceſſary to diſcontinue the remedy. In general I have obſerved that patients bear the tincture perfectly well, when opium in ſubſtance does not agree with them.

Some objections have been, or may be, made againſt this new method, of which I think it right to take notice.

1ſt. It has been ſaid, that in order to produce the wiſhed-for effect, very large doſes of opium are neceſſary, and that the uſe of ſo great a quantity is attended with very bad effects, ſome of which come on immediately, while others appear after the remedy is left off, and affect the patient's

patient's health for the reſt of his life. The example of the Turks has been quoted, whoſe conſtitutions are often undermined by the frequent uſe of this drug, which deſtroys their appetite, weakens the whole nervous ſyſtem, makes them ſallow and thin, and frequently brings them to an early grave. All this is but too true, but I do not ſee that it affords any argument againſt the medical uſe of opium. Should we give no wine in putrid fevers, becauſe many perſons have ſhortened their lives by the abuſe of it? I have ſeldom ſeen any of the abovementioned bad effects during the uſe of this remedy, and when they did occur, they almoſt always gave way to the bark; which, in ſuch caſes, I uſed to give with the opium.

In two caſes I found it neceſſary to diſcontinue the medicine, on account of ſome hectic ſymptoms, which I apprehended were occaſioned by it. Both theſe patients, however, died ſoon after, and on diſſection I was convinced that the ſymptoms which had been aſcribed to the opium, were the conſequences of a diſeaſe at that time exiſting in the lungs. I think it, however, neceſſary

ceſſary to obſerve, that a quickneſs of the pulſe, and copious ſweats, will ſometimes occur in the beginning of a courſe of opium; but experience has convinced me, that theſe ſymptoms generally diſappear when the patient becomes a little accuſtomed to the medicine; and if they do not, the bark given with it, as before-mentioned, ſpeedily removes them.

After the cure has been compleated, I have never ſeen one caſe in which there remained any weakneſs, or ſallowneſs of the complexion, that did not immediately yield to the bark; a circumſtance extremely favourable to this new remedy, particularly when compared to mercury, whoſe baneful effects ſo often render it doubtful whether the life purchaſed by it, is not too dearly bought.

There is, indeed, one ſymptom ſometimes produced by large doſes of opium, which is very apt to alarm us in the beginning; I mean a trembling of the hands. But I can with confidence aſſert, that it ſeldom is of any conſequence; as it rarely hindered me from continuing, or even increaſing

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the doſe of the remedy. And I think it very remarkable, that in ſeveral caſes where opium had been given a conſiderable time in large quantities, this ſymptom did not make its appearance till ſeveral days after the patient had left off taking it.

An extraordinary inſtance of this is the caſe of a friend to whom I had given large quantities of opium, on account of a violent inflammation of the eyes; in this caſe, the effect in queſtion could not well be aſcribed to the opium remaining undiſſolved in the ſtomach, my friend having taken much leſs of the ſolid extract than of the liquid laudanum. Both the tremor and the anxiety however, went off inſtantly, after he had drank a glaſs of madeira.

In another caſe, where a tremor alſo came on ſeveral days after the uſe of the opium had been dropped, and where a ſound ſleep ſeemed to have removed it, the tremor was again brought on by a few diſhes of coffee. Let me, however, obſerve again, that alarming as this ſymptom may appear, it never

never laſts, but generally goes off without any remedy at all.

2dly, It was objected by a medical friend of mine, who made a conſiderable number of trials on the ſubject; that although in many caſes, opium alone (without the previous uſe of mercury) cured very bad venereal complaints, yet he ſuſpected that it produced a diſpoſition to ſcurvy, as he obſerved in a few inſtances, that the ulcers and gums of his patients began to bleed. Having carefully examined all thoſe caſes, and having found that all the patients were ſoldiers, who for obvious reaſons (ſuch as ſalt proviſions, want of vegetables, frequent ſea voyages, &c.) are ſeldom intirely free from ſcurvy, I ſuſpected that they brought it with them to the hoſpital. I was confirmed in this idea by obſerving, that though my own patients took enormous doſes of opium for a great length of time, yet I never could find that it produced a ſcorbutic diſpoſition, though I daily examined them on this head. But what ſufficiently vindicates our remedy from the above-mentioned imputation is, that

that opium was given to the amount of a ſcruple a day, during the late war, with the moſt aſtoniſhing ſucceſs, in ſcorbutic ulcers, in the naval hoſpital at Haſlar; a very intereſting fact, for which I have the authority of a medical gentleman who attended thoſe patients daily.

I therefore cannot but conſider it as a peculiar advantage of opium, that it may be employed, not only with the greateſt ſafety, but with great advantage, in thoſe diſtreſſing caſes where the venereal taint is connected with the ſcorbutic one, and where the uſe of mercury is entirely inadmiſſible. I have ſeen a bloody ſalivation with the moſt dreadful inflammation, exulceration, and gangrene, of the throat, which threatened death, in ſeveral caſes where mercurials had been given to people who were thought cured of the ſcurvy; on the other hand I have ſeen ſeveral inſtances in which the venereal virus was combined with the ſcurvy, and in which opium, bark, and acids, produced a perfect cure.

3dly. A very common objection is, that opium is apt to produce an obſtinate coſtiveneſs. Experience has convinced me that

that this ſymptom attends large doſes of opium leſs frequently than is commonly imagined; that it is never obſtinate, and is infinitely leſs diſagreeable than the violent diarrhoea, which all who have given opium in large quantities, muſt have ſometimes obſerved. This latter effect I thought might be owing to large quantities of the pills being collected in the bowels, (although the patient had a ſtool or two a day) and acting as a draſtic; and I have ſince been confirmed in this idea, by never having ſeen this diſagreeable ſymptom ſince I have made it a rule to give a purge once a week, during the uſe of the opium, even though the patients were not coſtive.

4thly. It has been hinted, that the effect of this medicine in old caſes, where mercury had been given, is no proof of its poſſeſſing any ſpecific powers in the venereal diſeaſe; that probably the virus, in ſuch caſes, had been previouſly extinguiſhed by the mercury, but that ſome of the general cauſes which hinder the healing of ulcers, ſuch as pain, morbid irritability, &c. had prevented a perfect cure, and that opium had only removed ſome of theſe; that

that the great efficacy of this drug in curing ulcers in general was known long ago, and that conſequently there is nothing new in the pretended diſcovery. To this I anſwer, that in a great many of the caſes which I have had under my own care, or have ſeen treated by others, not a grain of mercury had ever been taken before, and yet in moſt of them a perfect and permanent cure was obtained; but beſides this it ought to be remarked, that I found the remedy to ſucceed not only in ulcers, but alſo in the gonorrhoea and in almoſt every kind of venereal ſymptom, ſuch as phymoſis, paraphymoſis, condylomata, eruptions, nocturnal pains, indurated teſticles, &c.

5thly. Some have ſuppoſed that the whole effect of this new remedy is merely temporary, and that it does no more than merely palliate the ſymptoms, and lull a poiſon which of all others is moſt apt to be lulled for a time, and then to break out again with double violence. To this objection I can oppoſe a number of caſes, treated with opium alone, in which, though more than a year is paſt, there

there has been no appearance of a relapſe, ſo that I think there is the higheſt probability of their being perfectly cured. In ſome I have ſeen a relapſe ſoon after they left the hoſpital, but moſt of them got perfectly well by a ſecond courſe of opium; tho' in a few caſes neither opium nor mercury were able to effect a cure. The relapſes I allude to were owing, I think, to my having diſcontinued the opium, ſoon after the diſappearance of the ſymptoms; for ſince I have made it a rule to continue the uſe of the remedy a very conſiderable time after the removal of the ſymptoms, I have ſeen no inſtance of relapſe. After all it is certain that a ſimilar objection may be made againſt mercury, as there is no mark by which we can be certain of having uſed that remedy a ſufficient length of time.

6thly. Another objection to the uſe of opium in theſe caſes is, that the patients after being accuſtomed to ſuch enormous doſes, will perhaps not be able to do without it during the reſt of their lives; and that if any future diſorder ſhould make the uſe of opium neceſſary, this drug will have

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loſt all power over a conſtitution ſo accuſtomed to it before.

But facts are more concluſive than reaſoning. No patient that I have ſeen has ever become ſo accuſtomed to the remedy as to wiſh for it after he had left it off, though he had taken half a drachm of it, and even more, every day for a long time; and what is more aſtoniſhing, I had two patients, who, ſome time after they had been cured of their venereal complaints, were attacked with ſome other diſeaſe which required the uſe of opium; I preſcribed it in doſes of one or two grains, and to my ſurprize found, that this ſmall doſe fully anſwered my purpoſe. A medical friend of mine at New York, Dr. Bard, has obſerved the ſame thing.

With reſpect to the manner in which opium acts in curing the venereal diſeaſe, I confeſs myſelf ignorant. I am pretty certain, however, that its efficacy does not entirely depend on the evacuation it produces, as I have often ſeen it cure very ſpeedily where it promoted no evacuation.

With regard to the doſe of the remedy, it is impoſſible to give any other rule than

that of increaſing it gradually, and cautiouſly. The practitioner muſt determine, by experience, what doſe can be born; but, as I mentioned juſt now, theſe trials muſt be made with caution, becauſe the effect of this drug does not always appear immediately. It will be neceſſary alſo to evacuate, from time to time, any quantity of opium that may be accumulated in the bowels. Generally ſpeaking we may begin with three grains a day, and increaſe the doſe to a ſcruple, which in moſt caſes will produce the deſired effect, before the patient becomes ſo habituated to its uſe, as to render a larger doſe neceſſary.

I did not find it neceſſary to be very ſtrict with reſpect to diet, but indulged my patients with wine and meat in order to keep up their ſtrength; and never obſerved any bad conſequences from this manner of living.

Before I conclude, I muſt ſay a few words concerning the experiments of others on this ſubject. Soon after the extraordinary recovery which led to this new method was known, Mr. Grant, ſurgeon to the Britiſh general hoſpital at New York, gave opium in a number of venereal

nereal caſes by the advice of Dr. Nooth. The effects were very ſtriking, as I myſelf obſerved; but as all theſe caſes were old ones, in which mercury had been previouſly given, I did not think them deciſive, nor did Mr. Grant himſelf, as he informed me by a letter he favoured me with on this ſubject. After this, many trials were made in the Britiſh military hoſpital at New York by Meſſrs. Beaumont, Foſter, and Wier, in recent caſes; but I owe it to truth to ſay, that the ſucceſs was not quite ſo great as I expected, after what I had ſeen in my own hoſpital; and the remedy was almoſt entirely laid aſide, towards the cloſe of the war, in the Britiſh general hoſpital, though Dr. Nooth, who had the ſuperintendance of it, wiſhed very much to eſtabliſh its uſe. I myſelf was an eye witneſs of its failure there; but I muſt obſerve at the ſame time, that I now-and-then thought a little more perſeverance would not have been amiſs, and that my friends often had recourſe to mercury before the opium had had what I thought a fair trial. I muſt alſo remark, that the irregularity of the ſoldiers was ſuch that the medical

gentlemen who attended them, thought their experiments not quite conclusive.

These circumstances I think it my duty to mention, contrary as they are to my own experience, truth being my aim, not the establishment of a new mode of practice.

Some trials were also made in America (which have since been published *) by Dr. Schopf, physician to the Anspach troops, which proved the efficacy of this new remedy.

I understand that in several of the principal hospitals in London, trials are making with this new antivenereal medicine, and that some Dr. Saunders has already made, in Guy's Hospital, give him a favourable idea of its efficacy.

Future experience must decide on this subject; but the effects already observed certainly justify us in giving this new medicine a fair trial, particularly in cases where mercury cannot be used with safety, or where it has been tried in vain. Whatever success I may hereafter have with it, I shall think it my duty to lay it

* Von der Würkung des Mohnsaffts in der Lustseuche, &c. 8vo. Erlangen, 1781.

it before the public, whether it may tend to confirm, or to contradict, the good opinion I have of it at preſent.

CASE I.

A ſoldier who never had any venereal complaint before, a fortnight after connection with a woman, obſerved ulcers, firſt about the penis, and ſoon after about the anus, without a gonorrhoea. Theſe ulcers, to which he applied a ſaturnine lotion, diſcharged a great quantity of ſerous matter; and growing worſe every day, he came to the hoſpital after nine weeks illneſs.

I found the private parts, perinæum, thighs, and inſide of the mouth covered with condylomata, and ill-looking ulcers; and eruptions all over his body. The inguinal glands were not ſwelled, nor had he any nocturnal pains.

He began with four grains of *extractum thebaicum* a day, and the ulcers were dreſſed with a ſolution of the ſame. The third day the doſe was increaſed to ſix grains, and on the fourth there was already

ſuch an evident change for the better, as to aſtoniſh ſeveral of my friends who did not entertain a favourable idea of the new remedy. All the ulcers looked much cleaner, and though they had been exceſſively painful till the third day, now gave no pain at all; the ulcers and condylomata in the fauces were much diminiſhed and almoſt dry. Seldom or never have I ſeen a greater change produced in ſo ſhort a time, by any remedy whatever.

The patient was mending every day, when a ſlight attack of fever, which ſeemed to ariſe from the primæ viæ, interrupted the cure for five days, and made it neceſſary to cleanſe the bowels. But as ſoon as this was over, I again returned to the opium, of which I now ordered eight grains a day. The effect was ſuch that twenty days after his reception into the hoſpital, (notwithſtanding the delay occaſioned by the fever) the eruption, and likewiſe the condylomata and ulcers about the private parts were removed; and a few days after, the ulcers remaining in the throat were perfectly healed. About a fortnight after this

this a ſmall ſore ſpot was obſerved upon the private parts, but it ſoon diſappeared, merely by being touched with a cauſtic. He continued, however, to take eight grains of *extractum thebaicum* for about a month after the diſappearance of the ſymptoms; during this time there came out another eruption like the itch, which I did not think venereal, and I was confirmed in this idea by its ſoon entirely diſappearing after the internal and external uſe of brimſtone.

When this patient firſt began the opium it made him rather ſleepy and coſtive; but as he became accuſtomed to the remedy, it ceaſed to have theſe effects. His pulſe I generally found full and ſlow. There was no encreaſe in the ſecretion of urine, ſweat or ſaliva, which ſeems to prove that, in this caſe at leaſt, the cure was not the conſequence of any increaſed evacuation. The patients ſtrength, looks, and appetite, were by no means impaired.

This cure ſeemed to be as permanent as it was quick. I ſaw the patient three

months after in perfect health, but then loſt ſight of him.

CASE II.

A perſon who had never been infected before, had a chancre on the penis, without a gonorrhœa; he uſed a white powder externally (probably a preparation of lead) which healed it in three weeks, and he did not feel any inconvenience till a twelve month after, when, on a ſudden, without any new infection (ſo at leaſt he aſſured me) an ulcer appeared in his throat. For this he made uſe of calomel and corroſive ſublimate, for three months, by which means he got cured, though with the loſs of the uvula. He then continued well another year, but about a week before I ſaw him, ulcers again appeared in his throat, though he aſſured me he had avoided all intercourſe with women ſince his former illneſs. I found no venereal ſymptom, beſides theſe ulcers.

He began with four grains of opium a day, and uſed a gargle compoſed of two hundred drops of *tinctura thebaica* and ſix ounces

ounces of water. The effect was ſurprizing, for on the third day he could ſwallow with much more eaſe, and the day after the ulcers looked much cleaner and began to heal. Having encreaſed the quantity of the remedy to eight grains, I found, on the ſixth day, every ulcer healed, except one, which was ſeated ſo deep that whenever the gargle touched it a retching was produced, ſo that the patient had neglected it on that account.

Notwithſtanding this, however, that ulcer ſeemed quite healed by the fourteenth day. A violent pain with which he was ſeized at that time, in his left ear, immediately yielded to a bliſter. A week after the ulcer was healed, he again complained of a ſlight pain in that part of his throat where it had been ſeated, but it went off the next day, without ever returning again.

A continual ſweating, particularly in the night, which the opium occaſioned, having weakened him, and made him look pale, I now leſſened the doſe to ſix grains a day, and gave him the bark; by which means, though the ſweating continued, he

he ſoon grew ſtronger than he had been even before his illneſs.

After having continued the opium an entire month after the ſymptoms had diſappeared, he was diſcharged perfectly well; nor has he had a relapſe, though it is now nine months ſince. The remedy made him neither ſleepy nor coſtive, though he took eight grains a day, nor did it increaſe the ſecretion of the ſaliva or urine; but after the firſt fortnight it produced a plentiful perſpiration, as was before obſerved.

CASE III.

A negro, who had a gonorrhoea, with a ſmall ulcer on the glans penis, and buboes which had broke and healed up again three or four times, came to the hoſpital, after having been five months ill; during which time he had taken no medicines. He had now alſo a great number of bad ulcers about his private parts, and a few in the throat; a phymoſis; and violent pain in his arms as ſoon as he grew warm in bed.

He

He began with three grains of opium a day, and in a week, the doſe was increaſed to twelve grains.

By that time the ulcers were almoſt healed, the ſwelling of the prepuce was diminiſhed, the buboes had diſappeared, and he now complained only of a pain in his right hip.

Five weeks after his reception he was diſcharged, perfectly cured. His largeſt doſe of opium was half a drachm a day, to which quantity he ſoon became ſo accuſtomed as not to become ſleepy or coſtive; nor did it promote perſpiration. Six months after he left the hoſpital he had had no relapſe.

CASE IV.

A man came to the hoſpital with a great number of ulcers about the penis, ſcrotum, and fauces, beſides a great number of condylomata about the anus; which ſymptoms he had had about a fortnight. He aſſured me he never had been infected, except two years before, when he had a gonorrhoea, which diſappeared in three months

months, without the uſe of any remedy; and denied his ever having ſince expoſed himſelf to the danger of a freſh infection. Five days after he had taken opium, at the rate of three and four grains a day, and uſed the ſolution of it externally, the condylomata, from which a conſiderable quantity of ſerous matter uſed to iſſue, began to dry up; the ninth day the ulcers of the ſcrotum were almoſt healed, and by the thirteenth, (the patient then taking half a ſcruple a day) the condylomata had entirely diſappeared, and the ulcers about the private parts and throat looked perfectly clean and ſeemed ready to heal.

But from this time he did not mend ſo faſt, as might have been expected from ſuch a beginning. The ulcers in the throat began to ſuppurate more, and though they ſoon mended again, I ſaw with concern, the fourth and fifth week after his reception, freſh ulcers ariſing about his private parts, and this at a time when he took not leſs than twelve grains of opium a day. But having increaſed the doſe to eighteen grains, in the courſe of the ſixth week,

week, he again began to mend, though there ſtill remained an ulcer on the left ſide of the fauces. A few freſh condylomata made their appearance about the anus in the ſeventh week, (at which time he was taking twenty-four grains of opium a day,) but they ſoon diſappeared; and at the end of the thirteenth week, ten days after every venereal ſymptom was removed, he was diſcharged from the hoſpital.

Theſe large quantities of opium neither made him coſtive nor ſleepy, nor were his perſpiration or ſaliva at all increaſed; but I perceived that he now-and-then, for a day or two, made more water than uſual. His pulſe generally was ſlow and full; and his appetite and ſtrength were not impaired.

About a month after his diſmiſſion, he returned, and ſhewed four ſmall ulcers which had appeared within a few days. He again returned to the external and internal uſe of opium. The ulcers very ſoon healed, and after having taken the remedy for a conſiderable time longer, he left the hoſpital perfectly well. Seven months after he had had no relapſe.

CASE

CASE V.

A patient who had a recent ulcer on the penis, with a bubo, unaccompanied by a gonorrhoea, had taken about two grains of corroſive ſublimate without any apparent benefit; I ordered him firſt three, and ſoon after ſix grains of opium a day. As early as the fifth day an evident change for the better was obſerveable; the ulcers being ready to heal. In nine weeks he was perfectly free from complaint, but I thought it right to continue the opium (of which he at laſt took half a ſcruple daily) for ten days longer.

Neither his appetite, ſtrength, or complexion ſuffered in the leaſt by the remedy; nor did it ever make him coſtive, or affect the ſecretion of ſaliva, urine, or perſpiration.

It once excited vomiting, and for ſome time made him very ſleepy; it alſo occaſioned a tremor of the hands, and giddineſs; but theſe effects ſoon wore off, without my diminiſhing the quantity of the opium. His pulſe was generally ſlow and hard.

Seven

Seven months after he left the hoſpital he had had no relapſe.

CASE VI.

A ſoldier was brought to the hoſpital with a very large, painful, fœtid ulcer, on the upper and inner part of his right thigh, ſwelled inguinal glands, and ulcers on his penis. He informed me, that a year and a half before he had been firſt infected; and then had only an ulcer on the glans, (without a gonorrhoea) for which he took fifteen mercurial pills. Soon after there appeared a bubo, which had ſuppurated and cloſed ſeveral times, within the laſt ſix months.

The ulcer alſo had ſometimes healed, but ſoon made its appearance again. He had alſo had violent pains for ſeven months, which came on when he grew warm in bed, but had now left him about ſix weeks.

He had hardly taken the opium a week, (firſt at the rate of three, and then of ſix grains a day,) when a moſt ſtriking change for the better was evident to all who

who ſaw him. The excruciating pain of the ulcer, which uſed to deprive him of ſleep, was entirely removed; the ulcer looked much better, had almoſt loſt its bad ſmell, and towards the end of the third week was perfectly clean and ready to heal. Soon after there appeared a freſh glandular ſwelling above the ulcer; but this alſo ſoon diſappeared. In the courſe of the fifth week the large ulcer was perfectly healed, as all the ſmaller ones had been for ſome time. I made him continue the remedy (at the rate of twenty-five grains a day) for a fortnight longer, and then diſcharged him. He returned however, at the end of a week, ſaying, that he had continued perfectly well the firſt ſix days after leaving the hoſpital, but that on the evening of the ſeventh he began to tremble violently; that the next morning he had waked early, and found himſelf free from tremor, but that he had no ſooner drank a few diſhes of coffee than he was again ſeized with ſo violent a tremor, as to be unable either to ſit or ſtand. He ſweated profuſely, was extremely giddy, and his inclination

inclination to ſleep was ſo irreſiſtible that he could ſcarcely keep his eyes open. When I ſaw him, he had juſt ſlept an hour, and his tremor was conſiderably leſſened. He complained of violent thirſt; his pulſe was full and ſlow, beating only ſixty-two times in a minute. His body was open. The moſt ſurprizing circumſtances of this man's caſe were, that the opium had never made him ſleepy at the time he was taking it, (though it once made his hands tremble for a day or two) and that his preſent ſymptoms did not come on till ſeveral days after he had left it off. I immediately ordered him to loſe ten ounces of blood, and preſcribed a doſe of purging ſalt, to carry off the opium that might remain in the bowels; after which I recommended the uſe of vitriolic acid, diluted with a conſiderable quantity of water.

The next day I found the tremor much abated, but his thirſt, giddineſs, and drowſineſs were ſtill conſiderable. His pulſe was full and hard, but not quite ſo ſlow as before.

He now informed me, that three days before his re-admiſſion, not only ſome

of his former ulcers about the glans had broke out again, but that even a few freſh ones had appeared; and that the glands of his right groin were conſiderably ſwelled again. I ordered a gum plaiſter to be applied to the bubo; gave him a ſaline purge; and made him continue the ſpirit of vitriol in large quantities.

Next morning I found that the purge had procured him many ſtools, and that the tremor, giddineſs, and drowſineſs were gone. His pulſe was ſlow and feeble. As he had grown rather thin and pale, during the uſe of the opium, I ordered him a decoction of bark.

On the fourth day I again gave him three grains of opium, and had his ulcers dreſſed with a ſaturnine lotion. Two days after there was already an evident change for the better in the ulcers, and in five days more they were all perfectly healed, and the bubo gone. I made him continue the opium, at the rate of three grains a day, for eleven days longer, which he bore very well, and never afterwards had a return of the tremor. The bark was continued with the opium till he quitted the hoſpital.

I could

I could not find that the remedy rendered him coſtive, or promoted either perſpiration or ſpitting. But the ſecretion of urine was ſo much augmented, that the quantity of all the fluids taken in twenty-four hours, was often exceeded by that of the urine more than one third; which is the more ſurprizing, as he had at the ſame time looſe ſtools. Three months after he left the hoſpital he had had no relapſe.

CASE VII.

A ſoldier came to the hoſpital with a bubo which had been open nine weeks, during which time he had been taking a ſolution of corroſive ſublimate, which ſeemed at firſt to have a good effect; but when he came under my care, I found that he had a very large, painful, ſpreading, offenſive ulcer, with callous edges, beſides a ſmall chancre on the prepuce.

He began with three grains of opium a day, and ſoon increaſed the doſe to ſix; the ulcer at firſt mended apace, but afterwards put on a leſs favourable appearance; and,

on account of its fœtor, was dreſſed with bark and *aqua calcis*. The great debility of the patient, occaſioned by the large ſuppurating ſurface, and the abſorption of matter, induced me to order him the bark internally, and from that time every thing went on according to my wiſhes; for not only his ſtrength and appetite were much improved, but the ulcer alſo now looked every day better. In the mean while he continued to take opium, at the rate of twelve and ſixteen grains, but when I at laſt gave him a ſcruple a day, he became ſo ſleepy, that I thought it better not to give him any more of it. He had now taken it ſeven weeks; and the ulcer looked extremely well, and was upon the point of healing. I therefore contented myſelf with having it dreſſed with a ſolution of opium, and continued the internal uſe of the bark for ſix weeks longer, when I diſmiſſed him, perfectly well.

This cure was not a quick one, as it took up above three months; and the bark ſeemed to have no ſmall ſhare in effecting it. I ſaw the patient ſeven months after he had left the hoſpital, when he continued perfectly well.

CASE

CASE VIII.

A man who had never had any venereal complaint before, perceived a ſmall ulcer on the prepuce, which was followed by many more ulcers, and condylomata, about the private parts. There was no ſwelling of the inguinal glands, nor gonorrhoea. In this ſtate he came to the hoſpital, at the end of ſeven weeks, not having yet taken any medicine.

Being curious to try what the mere external application of opium would do, I ordered his ulcers, &c. to be dreſſed, four times a day, with a ſolution of ſix grains of opium in ſix ounces of water. The effect was ſurprizing; for as early as the next morning all the ulcers (from which, the day before, there iſſued a great quantity of ichorous matter) were perfectly dry, and all the condylomata from being very large and high, were become quite flat; and many of them had entirely diſappeared. But ſucceſsful as the beginning of this trial was, I was ſoon convinced, that the mere

external uſe of opium was not ſufficient, for ſome of the condylomata ſtill remained; and ſeveral of the ulcers, at times, ſtill diſcharged the ſame ichorous matter.

I therefore combined the internal uſe of the opium with the external, increaſing the doſe gradually, from three grains, to half a ſcruple a day. The condylomata were touched, from time to time, with a cauſtic. At the end of ſix weeks he left the hoſpital, perfectly well; and he might have been diſcharged much ſooner, but was prevented by two obſtinate condylomata, which remained long after all the reſt had perfectly diſappeared. A month after this, he left America, and was then free from complaint.

CASE IX.

A man who had an ulcer on the prepuce, took for ſome time, a ſolution of corroſive ſublimate. But growing worſe and worſe, he came, after three weeks, to the hoſpital.

I then

I then diſcovered two large chancres upon the glans and prepuce, beſides a paraphymoſis. He got rid of the latter in three days by bleeding, emollient cataplaſms, and taking three grains of opium a day. The quantity of opium was ſoon after increaſed to five grains, which was the largeſt doſe he ever took. The ulcers were dreſſed with a ſolution of the ſame, and mended ſo ſpeedily, that on the eighteenth day they were both perfectly healed. I made him take the remedy for a week longer, and then diſmiſſed him. Five months after he left the hoſpital, he continued perfectly well.

CASE X.

A patient who had ſeveral recent chancres on the glans, with a phymoſis, was cured in nine days, merely by injecting under the prepuce, a ſolution of opium. Six months after, he had had no relapſe.

CASE XI.

A ſoldier who had been infected a year before, and cured; by a freſh infection got two buboes, and ſome chancres on the penis. He came to the hoſpital a month after, when I found the buboes open, but very ill-conditioned, with callous edges. He had taken a few purges, and about two grains of corroſive ſublimate, without the leaſt benefit.

I gave him opium at the rate of three grains a day, which in a few days produced a very agreeable change. Externally nothing was applied, but now-and-then the cauſtic, on account of the callous edges. I gradually increaſed the opium to twelve grains a day, and found that it increaſed the ſecretion of urine conſiderably. His appetite and ſtrength were not impaired by it, nor did it make him coſtive. Ten days after his admiſſion the chancres were perfectly healed; but one of the buboes required eight, and the other ten weeks; and a ſmall ulcer on the ſcrotum did not diſappear till the eleventh week.

week. Five Months after his diſcharge he was ſtill perfectly well.

CASE XII.

A man who had never had any venereal complaint, obſerved an ulcer on the prepuce, and a bubo in each groin. At the end of a fortnight, having only taken one or two purges, he was admitted into the hoſpital.

I gave him opium, and ordered cataplaſms to be applied to the buboes; one of them was opened the tenth day, but the other diſappeared. Obſerving in the fourth week the edges of the bubo hard and prominent, I had them cut off with ſciſſars, and the ulcer dreſſed, with a ſolution of opium. In the mean time, I gradually increaſed the doſe of opium, to fourteen grains a day. At the end of three months he was diſmiſſed, perfectly well. Neither his ſtrength, colour, or appetite were in the leaſt impaired by the remedy. At the end of eight months he had had no relapſe.

CASE

CASE XIII.

A man who had never been infected before got a chancre on the prepuce, and another on the glans, which diſappeared at the end of three weeks, and were ſucceeded by a bubo, which was open when he was admitted at the hoſpital, the ſixth week of his illneſs. I had the ulcer dreſſed with a ſimple digeſtive, and gave him opium, beginning with two grains a day. In leſs than a week the ulcers looked much cleaner and better. His pulſe was ſlow, full and ſoft; and the remedy did not make him drowſy till the doſe was increaſed to a ſcruple a day, when he grew very ſleepy indeed; and his hands began to tremble. But finding that the ulcer continued to mend, I ventured to increaſe the doſe gradually till he took half a drachm a day. About the middle of the ſixth week the ulcer was perfectly healed; but for fear of a relapſe I made him continue the ſame enormous quantity (which now had ceaſed to make him ſleepy) for twenty days longer. At firſt the remedy made

made him rather coſtive, and promoted perſpiration.

CASE XIV.

A perſon came to the hoſpital with a gonorrhoea, which had appeared a fortnight before; to which was now added a phymoſis. The glands in the groin had ſwelled, but the ſwelling ſoon went off again without any medicine. He never had had any ſuch diſorder before.

A conſiderable fever accompanied the inflammation, which was very violent; and there was already a black ſpot on the prepuce. I made him immediately loſe eighteen ounces of blood, and finding that this did not produce the relief I expected, I performed the operation for the phymoſis; by which means I gave vent to a great quantity of very offenſive matter, which had already corroded the glans. The next day the fever was much abated, but the prepuce was almoſt intirely of a black colour. After he had taken two doſes of purging ſalts, he began to take opium at the rate of three grains a day.

day. In a few days great part of the prepuce fell off; and after a ſhort time the running ceaſed, and the ulcer healed. A fortnight after his admiſſion he was perfectly well; yet, for ſafety's ſake, I made him take four grains a day (which was his greateſt doſe) for a week longer, and then diſcharged him. Twelve months after he had had no relapſe.

CASE XV.

A ſoldier who never had been infected before, got a bubo, which after a fortnight broke; and the next day a gonorrhoea came on. For this he took calomel for about a month or ſix weeks, by which he got well enough to do his duty. But about three weeks after, a great number of condylomata broke out about his private parts, and anus. Thus circumſtanced he came under my care, three months after his firſt infection. He had no other venereal ſymptom.

He began with three grains of opium, and the condylomata were dreſſed with a ſolution of the ſame. Three days after this

this I obſerved that they did not diſcharge ſo much as before, and on the fifth day there was already a moſt ſurprizing alteration for the better. He had a great diſpoſition to ſleep at firſt, but that went off as he became accuſtomed to the remedy.

In a fortnight the condylomata had almoſt diſappeared, and towards the middle of the fourth week he was diſcharged, perfectly well; having never taken more than ſix grains of opium a day.

CASE XVI.

A woman who had been infected five years, during which time ſhe had taken large quantities of mercury, and had been twice ſalivated, applied to a friend of mine for his advice. She had, at that time, a deep ill-conditioned ulcer, with dry black edges, in her throat; her uvula diſeaſed; the roof of her mouth ulcerated, and in-part covered with a black cruſt; and her voice conſiderably affected. She had no other venereal ſymptom.

He ordered her three grains of opium a day, and a gargle of decoction of bark, with

with elixir of vitriol. In about ten days there was a manifeſt alteration for the better; the blackneſs was almoſt gone, and the ulcers looked cleaner. The doſe was increaſed to five grains a day, which ſhe took for a month longer, ſtill continuing the gargle, and now-and-then taking a purge, on account of an obſtinate coſtiveneſs. The progreſs of her cure now became rapid; the roof of her mouth was healed, her voice was perfectly natural, and nothing remained but two ulcers, which, ſhe ſaid, had been there from the beginning. After three weeks one of the ulcers being quite healed, and the other very nearly ſo, the doſe was diminiſhed to three grains, which ſhe continued for ten days; ſhe then took two grains, for three weeks more, though for a fortnight of that time there was not the ſmalleſt appearance of diſeaſe.

CASE XVII.

A man who never had any venereal complaint before, a fortnight after connexion

nexion with a woman, had ſwelled inguinal glands, without either gonorrhoea or ulcer, and ſoon after violent pains in his limbs, which increaſed at night. In this ſituation he took calomel for a ſhort time, but, finding no relief, applied to me at the end of the fourth week.

After another week, during which he had taken three grains of *extractum thebaicum* a day, an eruption appeared about his mouth, and ulcers upon the prepuce. The opium was continued, without increaſing the doſe, for a fortnight longer, when, finding that the pills were now conſtantly thrown up, though they ſeemed to agree perfectly well with him at firſt, I ordered him inſtead of them, ſixty drops of laudanum a day, which he bore very well; but when I increaſed the doſe to forty drops every two hours, he rejected it, and I found myſelf under the neceſſity of diminiſhing it to fifteen drops, though afterwards I increaſed the doſe to forty-five drops every two hours, without his finding any inconvenience from it.

At the end of three months, I found no material change for the better, except that the nocturnal pains had ceaſed within the firſt fortnight. One of the buboes had broke and healed, but afterwards inflamed again and was now near breaking. The chancres looked clean but did not heal. In the mean time the patient (though his appetite was good and his diet nouriſhing) grew pale, thin, and weak, ſweated extremely, and complained of thirſt, and trembling in his hands. But as ſoon as I joined the bark to the opium, all theſe ſymptoms diſappeared, and he became very hearty. The laudanum was continued at the rate of thirty or forty drops every two hours, which large quantity was but ſeldom thrown up.

After he had taken the remedy four months and a half, finding no material amendment (one of the buboes being ſtill ulcerated, the other inflamed, and the ulcer of the prepuce, though clean, not healed) I dropt it entirely, and then took to mercurials, of which I tried various preparations for ſeven months longer without

without any benefit, but not without a ſuſpicion that ſome irregularities in the patient counteracted the opium as well as the mercury.

CASE XVIII.

A ſoldier, eight days after expoſure to infection, had an ulcer of the glans and prepuce, and in ten days more, buboes, and an eruption on his forehead. He had never been infected before, and came to the hoſpital without having taken any medicine. I made him begin with four grains of opium a day, and in a few days the ulcers looked much cleaner. The bubo was opened, in the manner I always open them, merely by a ſmall puncture; and, eight days after his admiſſion, was healing very faſt by the aſſiſtance of compreſſion; only one ſmall ulcer remained on the penis, and the eruption on the forehead had entirely diſappeared. The twentieth day the bubo was healed; but ſoon after it began to inflame again. I twice applied a bliſter to it, and it ſoon after broke. About

this time a trifling running was firſt obſerved from the penis, but this ſoon ceaſed, and the laſt ſore of the penis was healed before he had been ſix weeks in the hoſpital, ſo that there remained nothing but the ſuppurating bubo, which mended very faſt; the doſe of opium was at laſt increaſed to fourteen grains a day; it once gave him the headach, and a ſlight difficulty of breathing, both which were removed by bleeding. The bubo did not heal in leſs then eleven weeks after his admiſſion, and, in the mean time, a ſmall ſore of the prepuce having broke out, it was twelve compleat weeks before he was entirely free from every venereal ſymptom. I made him continue the opium ſixteen days after the laſt ſymptom diſappeared, at the rate of fourteen grains a day. He continued well for nine months, and, by a freſh infection, then got a gonorrhoea.

The opium did not make him coſtive, neither was the ſecretion of urine enlarged, nor did it in the leaſt affect his complexion, appetite or ſtrength; but it produced

produced a very plentiful and offenſive perſpiration, particularly at night; it alſo made him very ſleepy. His pulſe was generally full and ſlow.

CASE XIX.

A man who had never been infected before, came to the hoſpital with a gonorrhoea, phymoſis and bubo. All theſe ſymptoms had made their appearance within three weeks. He had taken nothing but a few purges, and had been bled. The bubo broke on the day of his admiſſion, and the operation for the phymoſis being performed, a great number of large ulcers came to view, which were dreſſed with a ſolution of opium, of which he took three grains a day internally. As early as the fourth day, by which time I had encreaſed the doſe to five grains, I found the bubo healing, and all the ulcers mending very faſt; and in ſix days more the bubo was perfectly healed, and the ulcers very nearly ſo. About the ſeventeenth day,

from his admiſſion (at which time the ulcers were not healed, though I had encreaſed the doſe of opium to ſeven grains a day,) there appeared a breaking out on the forehead, and ſoon after a very troubleſome humid eruption between the toes.

Finding, ſoon after, eruptions on both lips, with an inflammation of the uvula, and that the ulcers of the penis grew larger, I thought it adviſeable to drop the uſe of the opium, (of which he had lately taken nine grains a day) as he had continued it for ſix weeks without any permanent benefit, and without any ſenſible effect; an increaſed ſecretion of urine excepted.

I now tried a variety of mercurial preparations, but without any material good effect; for at the end of eight months, when I loſt ſight of him, he was not perfectly cured.

CASE XX.

A man who came into the hoſpital with two large chancres under the prepuce, which

which had appeared three months before, was diſcharged five weeks after his admiſſion, perfectly cured; having taken at firſt three, and afterwards five grains of opium a day. Four months afterwards he had had no relapſe.

CASE XXI.

Three weeks after connexion with a woman, a man perceived a number of very large condylomata about the ſcrotum and thighs, without either gonorrhoea or chancre. He had taken ten pills of calomel, but without any benefit, when he applied to me.

I ordered him four grains of *extractum thebaicum* a day, and uſed the ſolution of opium externally. The effect of theſe was ſo rapid, that in the ſpace of twenty-four hours the ſize of the condylomata was much diminiſhed; and they continued to decreaſe in ſize and number, ſo that in ten days after his admiſſion into the hoſpital there were few remaining, and in nine days more he was perfectly cured.

I made him continue to take five grains of the *extractum thebaicum* daily, for a fortnight longer. Eight months after leaving the hoſpital he had had no relapſe.

The remedy made him very ſleepy, but not coſtive, and at firſt occaſioned profuſe ſweats; but afterwards the ſweating abated, and the ſecretion of urine was very much increaſed.

XXIV. *Obſer-*

XXIV. *Obſervations on the Cauſes, Symptoms, and Cure of the Pulmonary Conſumption, and ſome other Diſeaſes of the Lungs; by the late* WILLIAM STARK, M.D. * *with an Introduction and Remarks, by* JAMES CARMICHAEL SMYTH, M.D. F.R.S. *Phyſician Extraordinary to his Majeſty. Read Jan.* 13, 1784.

INTRODUCTION.

THE late ingenious Dr. Stark, a few weeks before his death put into my hands the manuſcript from which the following extract was taken, being deſirous (from our long intimacy and friendſhip) to have my opinion of it, before he ſent it to the preſs. After the unfortunate death of the author, I delivered the manuſcript to his friends, who at firſt had ſome

* This ingenious phyſician, at an early age, fell a victim to his zeal for experimental inquiry; his death having been occaſioned by a courſe of experiments, (made upon himſelf) on the effects of various kinds of food.

ſome thoughts of publiſhing it; but the publication, from various accidents, was delayed, and the intention is now, I believe, entirely laid aſide. Whilſt the manuſcript remained in my poſſeſſion, being uncertain of its fate, and apprehenſive that it might never be publiſhed, I made, for my own ſatisfaction, an extract from it, containing the whole of his obſervations on the pulmonary conſumption, and permitted Dr. Reid * (to whom at that time I had lent ſome manuſcripts of my own) to take a copy of this alſo, never ſuſpecting that he would make a public uſe of it, without informing me of his intention, or obtaining the conſent of thoſe †, who alone had a right to diſpoſe of Dr. Stark's property. But, as Dr. Reid has altered the language and arrangement of the manuſcript, has left out ſome material facts, and has omitted to diſtinguiſh the greater

* Author of a late Eſſay on the *Phthiſis Pulmonalis.*

† The Hon. Mr. Fitzmaurice, the friend and patron of Dr. Stark, and Mr. Ingram of Billiter-ſquare, were the gentlemen who took the chief direction of his affairs; and they, in the politeſt manner, have ſignified their approbation of my publiſhing this part of the manuſcript.

greater part of what he borrowed from it; I think myſelf, in a particular manner, called upon, to do juſtice to the memory of my deceaſed friend, by publiſhing the extract I formerly made from the original manuſcript; which contains many ſingular and uſeful obſervations, and may ſerve to give ſome idea of the ſuperior merit of Dr. Stark, who, in candour, accuracy, and diligence, ſurpaſſed moſt men I have ever known.

EXTRACT *from* Dr. STARK's *Manuſcript.*

Appearance of the Lungs in the Pulmonary Conſumption.

Tubercle.

IN the cellular ſubſtance of the lungs are found roundiſh firm bodies, (named tubercles) of different ſizes, from the ſmalleſt granule, to about half an inch in diameter; the latter often in cluſters. The tubercles of a ſmall ſize are always ſolid, even

even thoſe of a larger are frequently ſo; they are of a whitiſh colour, and of a conſiſtence approaching nearly to the hardneſs of cartilage; when cut through, the ſurface appears ſmooth, ſhining, and uniform. No veſicles, cells, or veſſels are to be ſeen in them, even when examined with a microſcope, after injecting the pulmonary artery and vein. On the cut ſurface of ſome tubercles were obſerved ſmall holes, as if made by the pricking of a pin; in others were found one or more ſmall cavities, containing a thick white fluid, like pus; at the bottom alſo of each of theſe cavities, when emptied, ſeveral ſmall holes were frequently to be ſeen, from which, on preſſing the tubercle, matter iſſued; but neither theſe holes, nor the others abovementioned, (ſo far at leaſt as could be determined) communicated with any veſſels. The cavities, in different tubercles, are of different ſizes, from the ſmalleſt perceptible, to half an inch, or three quarters of an inch, in diameter; and, when cut through and emptied, have the appearance of ſmall white cups, nothing remaining

remaining of the ſubſtance of the tubercle, except a thin covering or capſula. The cavities of leſs than half an inch diameter are always quite ſhut up; thoſe which are a little larger have, as conſtantly, a round opening made by a branch of the trachea. At this period, there being a free paſſage for the matter contained in the tubercle into the trachea, and a communication between the cavity of it and the open air, it is proper to change the name of tubercle to that of vomica.

Vomica.

The ſmaller vomicæ are commonly entire, the larger are frequently ruptured; the largeſt (which, generally ſpeaking, are of an oval ſhape, and about four inches in length) are lined, either partially, or entirely, with a ſmooth, thin, tender ſlough or membrane; the ſame as the capſula of the ſmaller vomicæ. The matter contained in them, when the capſula is entire, is whitiſh or yellowiſh; when ruptured, reddiſh; in either caſe readily diffuſible in water. It is proper however, to remark, that even in the largeſt vomicæ, when

when they are not compleatly ruptured, the matter is ſeldom red, but yellowiſh, aſh-coloured, or greeniſh; often fœtid.

Into all vomicæ (the ſmalleſt perhaps excepted) there are ſeveral openings of the bronchia; alſo openings forming communications between the different vomicæ; the bronchial openings are commonly round and ſmooth; the others, generally irregular and ragged. The larger vomicæ, which have numerous bronchial openings, are found to contain ſcarcely more matter than is ſufficient to beſmear their ſurface; and what ſhews clearly that the matter of vomicæ is diſcharged by theſe openings of the aſpera arteria, is, that if a deep inciſion be made into any diſeaſed part of the lungs, and that part gently compreſſed, the matter will be ſeen to iſſue from the cut extremities of the bronchia; or if any conſiderable branch of the aſpera arteria be laid open, and the lungs preſſed in the ſame manner, the matter will be ſeen coming into it, from the ſmaller ramifications.

The

The largeſt vomicæ are generally ſituated towards the back part of either upper lobe, and are commonly concealed; though ſometimes on the ſurface of that part of the lungs, which is thin and ſinks into a hollow, there are ſeveral ſmall apertures leading to the vomica; and ſometimes, though rarely, a vomica is a hemiſpherical cavity on the outward part of the lungs. Wherever there is a vomica there is always a broad and firm adheſion of that part of the lungs to the parietes, or pleura, ſo as to preclude all communication between the cavity of the vomica and that of the cheſt; even tubercles are ſeldom found without adheſion.

State of the Air Veſicles, and Cellular Subſtance.

Thoſe parts of the lungs which are contiguous to tubercles are red, ſometimes ſoft, but more frequently firm or hard; and whilſt other parts of the lungs unaffected by diſeaſe are readily diſtended, by blowing into the trachea, thoſe portions

portions which are contiguous to tubercles or vomicæ, remain depreſſed and impervious to air, either blown into the lungs in this manner, or forced, by a blow-pipe, into inciſions made on the ſurface. So that the function of the lungs, ſo far as reſpects the admiſſion of air, ſeems, in thoſe parts, entirely deſtroyed.

State of the Large Blood Veſſels.

The pulmonary arteries and veins, as they approach the larger vomicæ are ſuddenly contracted; a blood veſſel, which, at its beginning, meaſured nearly half an inch in circumference, ſometimes (though it had ſent off no conſiderable branch) could not be cut up farther than an inch; and when, outwardly, they are of a larger ſize, yet, internally, they have a very ſmall canal, being almoſt filled up by a fibrous ſubſtance; and frequently, as they paſs along the ſides of vomicæ, they are found quite detached, for about an inch of their courſe, from the neighbouring parts. That the blood veſſels are thus obſtructed, and that they

they have little or no communication with the vomicæ, is rendered ſtill more evident, by blowing into them, or injecting them; by blowing they are not ſenſibly diſtended, nor does the air paſs into the vomicæ, excepting very rarely, and then only by ſome imperceptible holes; and, after injecting the lungs by the pulmonary artery and vein, the parts, leſs affected by diſeaſe, which before injection were the ſofteſt, become the hardeſt; and, *vice verſa*, the moſt diſeaſed parts, before injection the hardeſt, are now the ſofteſt. Upon cutting into the ſounder parts, numberleſs ramuli may be ſeen, filled with the wax, but in the diſeaſed parts there is no ſuch appearance; and upon tracing, by diſſection, the injected veſſels, thoſe which terminate in the ſounder parts may be traced for a long way to the ſmaller ramuli, but thoſe which lead to tubercles and vomicæ, a very ſhort way, and only to their principal branches. The wax was very rarely found to have entered the middling ſized vomicæ, and never the ſmaller or larger ones.

Trachea.

The branches of the trachea are never found in any degree contracted; the internal ſurface of thoſe which opened into the large vomicæ, was of a deep red, (ſeemingly from the enlargement of veſſels) and the internal ſurface of the trachea itſelf, was ſometimes partially red.

The Degrees of Morbid Affection.

The degrees of morbid affection are very different, in different ſubjects, and in different parts of the lungs of the ſame ſubject. In ſome caſes there are no vomicæ to be found above an inch in diameter; in others, ſeveral of two, three or four inches. In the former caſes, the pulmonary arteries and veins are hardly ſenſibly contracted. Sometimes not above a third or fourth part of the lungs are affected; at other times, the lungs, of one or both ſides, are entirely diſeaſed. From a rude calculation made on diſeaſed lungs, the part which remained fit for the admiſſion of

of air, may be eſtimated, at a medium, to be about one-fourth of the whole ſubſtance of the lungs. When the lungs are only partially affected by diſeaſe, the diſeaſed parts are always the higher, and rather the poſterior; whilſt the ſound parts are the lower, and rather the anterior. When they are wholly diſeaſed, the higher and poſterior parts, are always much more ſo than the reſt; and the lungs of the left ſide are more commonly affected than thoſe of the right.

The lymphatic glands in the cheſt are frequently blackiſh, and ſometimes contain a ſubſtance like moiſtened chalk. In the abdomen there is not any thing remarkable, excepting, ſometimes, ſlight eroſions of the villous coat of the inteſtines.

Symptoms of the Pulmonary Conſumption.

The ſymptoms of the diſeaſe may be divided into primary and ſecondary; the the former being ſuch as are peculiar to affections of the cheſt, the latter, ſuch as are common to thoſe, and to ſome other affections.

Of the firſt kind are cough, ſpitting, pains of the cheſt, difficult breathing, and poſture. Of the ſecond kind may be reckoned coldneſs, heat, ſweating, purging, waſting, pains of the limbs, &c.

The cough, which is brought on by expoſure to cold, or by drinking any cold liquor whilſt hot, or by various other cauſes, is almoſt conſtantly the firſt ſymptom, and in the beginning often the only one; though it is, at times, accompanied with ſtitches, or ſhooting pains in the cheſt, and with expectoration. It generally attacks by fits, which are moſt frequent and ſevere towards evening, or during the night, preventing ſleep.

The ſpitting or expectoration is commonly very thick and viſcid, of an aſh colour, with a ſlight tinge of green, and contains many air bubbles; ſometimes it is yellowiſh, and in ſmall round maſſes, which probably come from ſmall vomicæ; now-and-then, though rarely, it is ſtreaked with blood. The quantity expectorated is generally inconſiderable in the beginning, but afterwards increaſes to about half a pint, or

a pint

a pint, in twenty-four hours. In thoſe caſes, where (upon diſſection) the large vomicæ were found almoſt empty, the ſpitting, towards the end, had been in very ſmall quantity.

As the ſpitting is, perhaps, the moſt certain criterion of vomica, it will be proper to enquire into its peculiar character, that it may be diſtinguiſhed from pus and mucus; two ſubſtances which it greatly reſembles. All of them when free from air bubbles, ſink in water. Pus is eaſily diffuſible in it, by gentle agitation, but in a few hours falls to the bottom. Mucus cannot be equally diffuſed in water without ſtrong agitation, but when diffuſed, forms with it a permanent ropy liquor. The ſpitting of conſumptive perſons is diffuſible in water more eaſily than mucus, and like that, at firſt forms with it a ropy liquor; but which, in a few days, depoſites a ſediment in the ſame manner as pus; the liquor, however, ſtill continuing ropy, and reſembling mucus and water.

The pains of the cheſt are of two ſorts; *viz.* ſtitches, which ſometimes come on in

the beginning; or a general ſoreneſs of the cheſt, which is moſt ſeverely felt after violent fits of coughing.

The breathing (even before the diſeaſe has arrived at its acme) is generally two or three times more frequent than that of a perſon in health, and is often accompanied with a ſighing noiſe, and performed with great motion of the cheſt; but it is ſomewhat relieved by the expectoration which follows the fits of coughing. Neither inſpiration, nor expiration, can be continued ſo long as by a healthy perſon; but the former, in conſequence of the pain or cough excited by it, is moſt ſenſibly ſhortened.

With reſpect to poſture, the patient commonly lies on his right ſide; but this is not compleatly fixed till the diſeaſe is far advanced, when he can only lie on his back, with his head and ſhoulders high, and ſometimes with his knees drawn up.

The coldneſs (which ſometimes precedes any ſigns of an affection of the cheſt) comes on by fits, either regularly every day, or every other day, like the paroxyſms of

of an intermittent fever; or, as is moſt common, at uncertain periods.

The heat is of two kinds, either a burning heat, with intenſe thirſt, continuing all night, which ſucceeds the fits of coldneſs; or a continued heat, increaſing towards evening, which, in general, is much more moderate.

The pulſe is always ſmall and quick; commonly there is a loſs of appetite, though in ſome inſtances, towards the end of the diſorder, the appetite is voracious.

The ſweating is almoſt a conſtant ſymptom, and is at times profuſe, breaking forth, chiefly, on the head and breaſt; though more commonly it is moderate, and follows the evening exacerbation; and ſometimes towards the end, it diminiſhes, or ceaſes.

The purging ſeldom comes on till near the end of the diſeaſe, at which time the legs are apt to ſwell. When the purging begins all the feveriſh ſymptoms greatly abate, but are again increaſed, if, by any means, it is ſtopped.

The wafting of the body is more remarkable in this, than in any other diſeaſe.

Pains in the limbs, or all over the body, are alſo not unfrequent ſymptoms; and the menſes, in women, (who are more liable to this diſeaſe than men) commonly ceaſe ſoon after it is eſtabliſhed.

The duration of the diſeaſe is various, from four months to two years; and it will be found to be nearly in proportion to the age of the patients, which varies from ſeventeen to thirty-five years.

Of the different Kinds of Cough.

1ſt. Cough without Expectoration; or with Expectoration of Mucus only.

This cough is commonly moſt ſevere at firſt going to bed, and is troubleſome by fits during the night; in ſome caſes, however, (though rarely) it is worſe in the day-time. It is accompanied with difficulty of breathing, ſometimes with hoarſeneſs, and often with pains in the cheſt; but theſe are ſeldom obſerved till

till the cough has been of ſome ſtanding. The fits of coughing frequently terminate with an expectoration of frothy mucus, which affords conſiderable relief. I have, however, known inſtances where that relief has taken place, ſeveral hours before the ſpitting began. But the moſt remarkable ſymptom attending this cough, and which indeed characteriſes it, is, the peculiar kind of fever. After one or two ſhivering fits, or after ſlight fits of coldneſs and of heat alternately, which come on in the morning, or a little after mid-day, (ſometimes on alternate days only) the heat begins, and continues all the afternoon, and during the night, and then commonly terminates in profuſe ſweating. Sometimes there is no coldneſs nor ſhivering, but a continued heat, which increaſes after mid-day.

The pulſe is always quick, generally about a hundred in a minute, with almoſt conſtant head-ach, inceſſant thirſt, loſs of appetite, frequent retching, and ſometimes faintneſs. This cough frequently is occaſioned by expoſure to cold or moiſture.

Delicate young women, eſpecially when incautious, in thoſe particulars, about the menſtrual period, are very liable to it. It ſometimes terminates favourably, but oftener in *phthiſis pulmonalis*; and may therefore be reckoned the firſt ſtage of this diſeaſe.

2dly. Cough, with Expectoration of thick Matter.

This cough attacks alſo by violent fits, commonly in the night, ſometimes in the morning. The expectoration (which generally begins ſome weeks after the cough) is yellowiſh, or greeniſh, and is ſometimes ſlightly ſtreaked with blood. It is thick, viſcid, and mixed with a little frothy mucus; at times fœtid, and of a diſagreeable putrid taſte. Its quantity, is often not leſs than two or three pints in twenty-four hours, but it diminiſhes towards the end of the diſeaſe.

The pains accompanying this cough are of two kinds, *viz.* acute pains in the ſides, which frequently precede the firſt attack of the cough, and are often ſo

ſo violent as to ſtop it; or ſoreneſs, in the edges of the hypochondria, in the upper part of the recti abdominis muſcles, or in the loins; which follows the fits of coughing.

In ſome caſes there is no pain at any period; frequently there is fever, though it is ſeldom preceded by coldneſs and ſhivering, nor is it, in general, ſo regular as that which accompanies the cough firſt deſcribed. Sometimes, in the laſt ſtage, there is no fever, the pulſe being only ſixty in a minute. At this period alſo, purging, dropſical ſwelling, or profuſe ſweats take place; though ſometimes none of theſe ſymptoms occur during the whole courſe of the diſeaſe. As the cough abates, the fever, purging, and ſwelling abate alſo.

This cough is commonly produced by the ſame cauſes as the preceding, but ſometimes the cauſe is unknown. It frequently proves fatal in a few months; but ſometimes the patient is, for a number of years, ſubject to fits of it, which continue for ſeveral months at a time, eſpecially

cially during the winter, and, in women, during pregnancy.

3dly. Cough, with Blood ſpit up in ſmall Quantities.

This ſpitting of blood commonly happens only in the more ſevere fits of coughing; it is preceded by violent pains of the cheſt, and accompanied with great difficulty of breathing, conſiderable fever, and ſometimes ſhiverings. The pains of the cheſt are, at times, increaſed by preſſure; when theſe, and the ſpitting of blood, come on without any evident cauſe, they are often removed, in a week or two; but when they attack after expoſure to dampneſs, or cold, they generally terminate in ſpitting of matter, and a fatal phthiſis.

When theſe ſymptoms are occaſioned by an external injury, the ſpitting of blood ſeldom continues above a week, and all the complaints ceaſe in about a month; unleſs when it terminates in dropſy, which is ſometimes the caſe. As the ſpitting diminiſhes,

diminiſhes, it is more or leſs mixed with a yellowiſh matter, and at laſt becomes entirely purulent.

In ſome patients this complaint becomes habitual; continuing for many years, and attacking chiefly in the winter, or after any violent exertion.

4thly. Cough, with Blood flowing from the Mouth, by Fits.

Frothy blood is brought up by fits of coughing, which are, in ſome caſes, extremely ſlight, in others are violent immediately before the blood begins to flow; the quantity brought up at once is about half a pint, or a pint; it is generally pure, but ſometimes mixed with matter. The blood, in ſome caſes, flows only twice or three times during the paroxyſm, in others much oftener. The approach of each fit is commonly known by the patient's expectorating more eaſily than uſual; and when coming on, the blood is felt riſing warm in the breaſt.

Theſe paroxyſms of hæmoptoe are ſometimes preceded by a cough of ſeveral months

months continuance, accompanied by an expectoration of matter, or of blood in ſmall quantity, or of a mixture of both; in other caſes they ſupervene a hoarſeneſs brought on by expoſure to cold.

This kind of hæmoptoe is accompanied by ſlight pains of the cheſt, (chiefly about the ſcrobiculus cordis,) with faintneſs, heavineſs and drowſineſs, which ſymptoms are greatly increaſed before each paroxyſm, and are attended with conſiderable fever; the pulſe being ſometimes one hundred and thirty in a minute. Fits of coldneſs, and of ſweating, with ſickneſs, retching, and purging, are alſo not unfrequent ſymptoms of this complaint; which, for the moſt part, terminates fatally, though ſometimes in recovery.

Of difficult Breathing, or Aſthma.

In this complaint the patients commonly breathe, with a wheezing or crackling noiſe, thirty or forty times in a minute, and ſtill oftener after eating, or after the moſt moderate exerciſe. They feel a general uneaſineſs in the upper part of the body, which commonly

commonly obliges them to ſit up; and likewiſe a tightneſs or pain acroſs the ſcrobiculus cordis, which prevents them, whether ſitting or lying, from ſtraightening the ſpine, and obliges them to keep the body much bent forwards; and ſometimes makes them lie with their knees drawn up. They complain of a ſenſe of weight either in one or both ſides of the cheſt, or at the pit of the ſtomach; when this laſt is the caſe, they ſometimes lie on their face, and when they turn on their back, have the ſenſation of ſomething falling from before; or if they turn to either ſide, of ſomething falling from the oppoſite ſide. They often awake in a fright. Their pulſe is about one hundred in a minute. This diſeaſe is not unfrequently attended by a cough with ſpitting, or by dropſical ſwellings; and ſometimes by rheumatiſm. It continues for many years, increaſing by fits; and I have not known it, when unaccompanied with other diſeaſes, prove fatal.

Is it not probable, that in theſe caſes there is a fluid in the cavity of the cheſt?

or a ſuperabundant quantity of fluid in the pericardium? or that this membrane (in conſequence of inflammation) adheres to the forepart of the cheſt?

Of Pains in the Side.

Theſe pains are ſometimes ſo acute, and ſo much increaſed by inſpiration, that the patient dares hardly attempt to breathe. He cannot bear the ſlighteſt preſſure on the part affected, nor, while the pain continues violent, lie upon that ſide; but commonly lies on his back, with his head very high. His pulſe is ſmall, and about one hundred in a minute; with thirſt, and ſometimes head-ach. After the abatement of the pain, there is often a ſlight cough, without expectoration; and a degree of breathleſſneſs, after exerciſe. The patient ſometimes recovers perfectly in a few days, but ſometimes the complaint laſts from one to three weeks. Theſe pains, in ſome caſes, attack by fits, and then they are of longer duration; or they accompany hyſterical ſymptoms, but are then ſeldom fixed. The cauſe of them is frequently

quently unknown; they ſometimes come on from expoſure to cold, and ſometimes are occaſioned by external violence.

Of the Effects of Remedies in Diſeaſes of the Cheſt.

In diſeaſes of the cheſt I have hardly ever obſerved any certain good effect from internal medicines. Vinegar of ſquills, has, on ſome occaſions, ſeemed to give relief to patients affected with cough and difficult breathing; and oily medicines, or ſpermaceti appeared almoſt certainly to allay, for a ſhort time, violent coughing. But the remedies which have ſtill greater, and more laſting effects, are bleeding, bliſters, and other local diſcharges; alſo fomentations. Bleeding is the appropriated remedy for a cough, and, except in the laſt ſtage of conſumption, ſeldom fails to afford very conſiderable relief, which ſometimes is felt immediately after the operation, at other times not till the next day, or even the third day; and upon ſome occaſions, not till after repeated bleeding. This remedy is alſo of ſervice in caſes of difficult breathing, and in pains of the ſide; although,

though, for the latter complaint, the appropriated remedy is a bliſter, which almoſt conſtantly gives relief either immediately, or the day following.

Bliſters are likewiſe of conſiderable efficacy in caſes of difficult breathing, or hoarſeneſs, and ſometimes of cough. Setons or iſſues are uſeful in pains of the cheſt; and fomentations are of ſervice in pains occaſioned by external injury. From the early application of theſe remedies, pains of the ſide frequently, and dry coughs ſometimes, terminate favourably; but if they are delayed for a week or a fortnight, the diſeaſe does not yield to them, but ſeems to keep on in its natural courſe.

In caſes of cough with expectoration, and of difficult breathing, or aſthma, theſe remedies ſeem to afford only a very tranſitory relief, and to contribute but little towards retarding the progreſs of the diſeaſe. Thoſe diſorders, therefore, which are the moſt common, and the moſt fatal of any, are unfortunately, leaſt under the power of phyſic. I have known good air of ſervice in ſuch caſes, after bleeding had failed to afford even a temporary relief.

Remarks

REMARKS.

THE preceding account of the ſtate of the lungs in the pulmonary conſumption, is, I will venture to ſay, much more compleat and accurate than any yet publiſhed; and gives a more diſtinct and adequate idea of the nature and progreſs of this too frequent and fatal diſtemper.

Tubercles of the lungs, the uſual immediate cauſe of this diſeaſe, were known in the earlieſt ages of phyſic, they did not eſcape the accurate obſervation, and wonderful ſagacity, of Hippocrates, who not only mentions them in different parts of his writings, but, with conſummate practical knowledge, deſcribes the gradual tranſition from tubercle to vomica, the conſequent alteration in the ſymptoms, and the various terminations of the diſeaſe. *

* Vide Hippocrates de Morbis, lib. i. cap. x. et xiv. lib. ii. cap. lv. Idem de intern. Affect. cap. xi.

Aretæus *, and Cœlius Aurelianus, although they have deſcribed, very fully and accurately, the ſymptoms of Phthiſis, and have given ſome excellent practical directions reſpecting the cure, do not appear to have had any knowledge of tubercles as the cauſe producing it; neither is there any notice taken of them by Celſus, nor indeed, ſo far as I know, by any other of the antient Greek, or Roman phyſicians, excepting Galen, † and Alexander Trallian. ‡

Having leſs acquaintance with the Arabian writers, I ſpeak of them with more diffidence, but neither in Avicenna nor Rhaſis, have I been able to find the ſlighteſt evidence of their having any knowledge of tubercles of the lungs.

After

* Hoffman has given a long quotation from Aretæus, in which he mentions Tubercles of the Lungs; but I can find no ſuch paſſage, in that author. Vide. Hoffman Op. tom. 3. cap. 11. ſect. 6. de Affectione Phthiſica.

† Vide Comment 1. art. 13. in lib. vi. Hippocrat. de Morb. vulg. Vide etiam, lib. iv. de locis Affectis etiam comment. in Aphor. viii. lib. vii.

‡ Vide lib. v. cap. iii. de Tuberculo quod φυμα dicitur in pulmone contracto.

After the reſtoration of anatomy by Veſalius, when the practice of diſſecting morbid bodies, with a view of aſcertaining the cauſes of diſeaſes, became more frequent, we find phyſicians in the different countries of Europe mentioning tubercles as a frequent diſeaſed appearance of the lungs; but, although often mentioned by others, the celebrated Morton ſeems to have been the firſt perſon who conſidered them as the ordinary cauſe of the pulmonary conſumption. *

Sydenham, who in many reſpects merits the appellation of the Engliſh Hippocrates, was not unacquainted with tubercle and vomica, but appears to have conſidered them rather as the effect, than as the cauſe, of the diſeaſe.

* "Hoc igitur primum tuſſis phthiſicæ criterion eſſe "ſtatuimus, *viz.* quod ſit arida, ſaltem ab initio, utpote "a pulmonum tuberculo, &c. Cui etiam ſententiæ vel "tuſſis hujus phthiſicæ natura multum favet, dum manet "adhuc arida utpote a ſolis tuberculis orta, &c."

Morton Phthiſiologia, lib. ii. cap. iii.

Next to Morton, Sylvius de le Boe, * and Frederic Hoffman, † appear to have had the moſt diſtinct and perfect knowledge of this ſubject; and (what is extremely ſurpriſing) this cauſe of conſumption ſeems entirely to have eſcaped the notice, and extenſive reading, of the all-collecting Boerhaave. ‡

But although anatomy had diſcovered the exiſtence of tubercles, and phyſicians had again enumerated them among the cauſes of pulmonary conſumption, much information was ſtill wanting to explain the ſymptoms and progreſs of this diſeaſe; and my ingenious friend's anatomical accuracy, and fearleſs attention in examining the victims of this fatal malady, were happily employed to ſupply the ſuperficial remarks, or timorous reſearches of former anatomiſts. § But, to

* Vide Prax. Med. Append. tr. 4. ſect. 50. et ſeq.

† Vide Op. tom. 3. cap. 11. de Affectione Phthiſica.

‡ In Boerhaave's Aphoriſms there is no notice taken of Tubercle; but his commentator Van Swieten, has ſupplied this defect.

§ Morgagni acknowledges, that he, and Valſalva, were afraid of diſſecting the bodies of thoſe who had died of pulmonary conſumption; and Tulpius confeſſes that he had the ſame apprehenſion.

to point out, in a proper manner, the peculiar excellence of his obſervations, it will be neceſſary to enter into a more minute examination of the ſubject.

Dr. Stark is the only perſon I know, who has diſtinguiſhed with accuracy the particular ſituation of tubercles, which are conſtantly found (and often in cluſters) in the cellular ſubſtance of the lungs; never in the air veſicles in which the extremities of the bronchial ramifications terminate; a circumſtance which will be found of conſiderable importance in inveſtigating the nature and origin of this diſeaſe.

We are alſo informed by our author, that they are at firſt extremely ſmall, commonly very numerous, of a whitiſh colour and cartilaginous hardneſs; that they are perfectly ſolid until they arrive at a certain ſize, at which time matter begins to be formed in the centre, and that, as they grow larger, this kind of ſuppuration advances, until they are entirely changed into vomicæ, but that, during this change, there

is not the ſmalleſt appearance of inflammation; that, on the contrary, they retain their white colour and hard texture, and that no blood veſſels are to be ſeen upon them, even when examined by a microſcope, after injecting the lungs, from the pulmonary artery and vein.

All theſe circumſtances relative to tubercle, are very different from the common opinions on this ſubject; theſe tumours, being generally ſuppoſed capable of pain, and inflammation; and of ſuppuration only in conſequence of this. * And a vomica was thought to be nothing more than a phlegmonic abſceſs formed in the lungs, which afterwards became diſeaſed from the rupture of the abſceſs, and the acrimony † of the matter it contained.

Dr.

* "We ſuppoſe them (viz. tubercles) to be at firſt "indolent, but at length they become inflamed, and are "thereby changed into little abſceſſes or vomicæ, which "breaking, &c. lay the foundation of phthiſis."
Vide Cullen's Firſt lines, &c. ſect. 849.

† "As the ulcers do not readily heal, but are attended with a hectic fever, for the moſt part ending "fatally, we preſume that the matter of the ulcers is "united

Dr. Stark has likewiſe pointed out with preciſion, the moſt frequent ſituation of vomicæ, which are commonly found in the ſuperior and poſterior part of the lungs, ſometimes near the ſurface, though often deeper ſeated. He alſo informs us that wherever there is a vomica, or even a large tubercle, there is always a ſtrong adheſion of that part of the lungs to the contiguous part of the pleura; and that the left ſide is more frequently diſeaſed than the right. Some of theſe circumſtances have been remarked by others, though they can hardly be ſaid to have been properly aſcertained, or generally eſtabliſhed; but the following are ſtill more ſingular and unknown, *viz.* that vomicæ whoſe cavities are leſs than half an inch diameter, are always quite ſhut up; having no openings of the bronchia until they arrive at a ſize beyond this. That thoſe which are larger, have as conſtantly one, two, or more ramifications of the bronchia opening into them; thro' which, in ſome inſtances, the matter

 makes

" united with a peculiarly noxious acrimony; which " prevents their healing, and produces a phthiſis."

Vide Cullen's Firſt lines, &c. ſect. 850.

makes its way into the trachea, and is evacuated without rupture of the vomica. That the largeſt vomicæ only are found ruptured, and, when that is the caſe, there is an alteration in the appearance of the matter contained in them.

But, if we are indebted to Dr. Stark for an exact account of the nature and progreſs of tubercle and vomica, we are no leſs ſo for his ſingular obſervations on the morbid effects produced by them on the contiguous portions of the lungs, and on the pulmonary ſyſtem of blood veſſels. He found that the conſtant and regular effect of tubercles of a certain ſize, and of vomicæ, was, to render a part of the lungs near them red, ſometimes hard, and impervious to air, of courſe unfit for the purpoſe of reſpiration; and that in thoſe parts alſo, the ſmaller veſſels were moſtly deſtroyed, and the larger contracted in their diameter, or their canal, either partially or entirely, filled up with a kind of fibrous ſubſtance.

It is evident then that tubercles impede reſpiration, not only by occupying a part of the cavity of the thorax, but ſtill more remarkably

remarkably by deſtroying the functions of a conſiderable part of the lungs.

From a knowledge of theſe facts we are alſo enabled to aſſign the reaſon why tubercles, though incapable of being inflamed, are often the cauſe of partial inflammation, and peripneumonic fever; and why, in many conſumptive caſes, where the lungs were in a great meaſure deſtroyed before death, no conſiderable hæmorrhagy had occurred during the courſe of the diſeaſe.

Another circumſtance unnoticed by former authors, and deſerving our attention, is, that the branches of the aſpera arteria, which communicate with vomicæ, are upon no occaſion contracted or obſtructed, tho' their internal ſurface is always red or inflamed.

The eſtimate made by Dr. Stark, of the part of the lungs, which, in conſumptive caſes, remains at laſt fit for the purpoſe of reſpiration, is extremely ingenious; but, like every calculation of that kind, muſt be vague and uncertain.

That the left ſide of the cheſt is more frequently affected by diſeaſe than the right,

right, is a fact for which it may be difficult to aſſign a reaſon, but, that the obſervation is ſtrictly true, any one may be convinced, who will take the trouble (which I have done) of comparing, with that view, the numerous caſes of pulmonary phthiſis related by Bonetus, Morgagni, and others.

The general deſcription of the phthiſis given by our author, together with the more minute deſcription of the particular kinds of cough, which, properly ſpeaking, are the different ſtages or varieties of the diſeaſe, have, in my opinion, great merit; they were, to my certain knowledge, taken from nature and obſervation, not copied or compiled from the writings of others, and bear the moſt evident marks of accuracy and attention; therefore, ſo far as they extend, muſt always be looked upon as a valuable part of the hiſtory of the diſeaſe; but on a ſubject where ſo much has been written, little new can be expected, eſpecially from a young phyſician, whoſe experience was confined almoſt entirely within the walls of St. George's Hoſpital.

I ſhall

I ſhall offer no remarks then, on this part of the ſubject, excepting relative to the expectoration, and the means employed by the author to diſtinguiſh it.

Phyſicians have frequently expreſſed a great deſire of finding a certain criterion to diſtinguiſh pus, or purulent matter, from mucus; and ſeveral ingenious experiments have been made, expreſsly with that intention, particularly by the late Mr. Charles Darwin; but, in my opinion, the ſubject of the enquiry can never be exactly aſcertained, nor, if it could, do I think that the diſcovery would be attended with any material advantage.

Mucus and pus, in their natural or ordinary ſtates, are eaſily diſtinguiſhable from each other; the tenacity and tranſparency of the one, compared with the fluidity and opacity of the other, forming a contraſt which, even at firſt ſight, is ſufficiently obvious. But mucus, when ſecreted from a membrane affected by inflammation, or otherwiſe diſeaſed, is entirely altered in its appearance; and we meet with it of all the intermediate ſhades between natural mucus and pus, ſo that in many inſtances

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it is impoſſible to determine to which of the two fluids it has the greateſt reſemblance. The ſame, to a certain degree, may be ſaid of pus as of mucus; this (as is well known) being often greatly altered in its colour and conſiſtence, by very trivial circumſtances, and, though generally fluid, being ſometimes found of equal viſcidity with mucus.

With reſpect to the purulent expectoration which proceeds from vomicæ, Dr. Stark has ſhewn by a very plain and ſimple experiment that it does not exactly agree in quality either with mucus or pus, but ſeems of a nature between both, being more purulent than the former, and more viſcid than the latter; and occaſionally ſinking in water, or floating on the ſurface, according to the quantity of air it contains.

Great attention has been paid to the expectoration in pulmonic caſes, and accurate deſcriptions have been given of all its various appearances; from which phyſicians have not only formed prognoſtics of the event, but have, in general, conſidered a purulent expectoration as a circumſtance abſolutely

abſolutely neceſſary to conſtitute and characterize the phthiſis pulmonalis.

Dr. Stark has ſaid, that the ſpitting is the only certain criterion of vomica; an obſervation which is undoubtedly true. At the ſame time we may with truth affirm that, on many occaſions, the ſymptoms of the diſeaſe, independent of expectoration, carry with them a degree of evidence little ſhort of ocular demonſtration. "Si quis vel plebeius (ſays Aretæus) hominem viderit pallentem, imbecillum, tuſſientem, macie confectum, hunc vera Phthoe laborare pronunciat."

In every thing which relates to prognoſtics, great deference will always be paid to the authority of Hippocrates; and it muſt be allowed, that in his writings, we meet with ſeveral prognoſtics taken from the qualities of the ſputum, principally from its ſmell, colour, and ſpecific gravity; that which was fœtid when thrown into the fire, that which was aſh coloured, green, or otherwiſe deviating from the uſual purulent appearance, and that which ſunk in ſea-water, were pronounced to afford an unfavourable or fatal

prog-

prognoſtic *. But when we reflect on the caſual circumſtances upon which theſe changes in the expectoration depend; when we conſider the many inſtances daily occurring, where the diſeaſe proves fatal, without any of theſe unpromiſing appearances; and when we compare the ſentiments of Aretæus †, with the prognoſtics of Hippocrates, we ſhall, I believe, be apt to conclude, that though ſome appearances of the ſputum are without doubt more unfavourable than others, yet, from the expectoration alone, we can never form any certain judgment of the termination of the diſeaſe.

But whatever difference of opinion there may be among phyſicians with regard to the ſputum, and the various inferences to be drawn from it, every one muſt agree, that

* Vide Hipp. de Morb. lib. ii. cap. xvii. Aphoriſm xi. ſect. v. Vide etiam Prenot. Coacæ, p. 565. edit. Vanderlind.

† Quicunque enim id (viz. Sputum) vel aqua vel igne explorant, mihi quidem Phthoen minime videntur cognoſcere; ſi quidem non modo horum quæ expuuntur, verum etiam ipſius Ægrotantis aſpectus, certiores quam alius quivis ſenſus morbi præbet notas.

Aret. cap. viii. lib. i. de morb. diuturnis.

that a ſymptom, which is not preſent in every inſtance, cannot properly be conſidered as a ſpecific character of a diſeaſe; and that a definition which does not include every ſpecies under it, is imperfect. If it ſhould appear then, that there have been inſtances of a pulmonary conſumption terminating fatally, without any purulent expectoration, this ſymptom has been improperly aſſumed as a part of the definition of the diſeaſe *.

That

* "We define the phthiſis pulmonalis to be an expectoration of pus, or purulent matter from the lungs, attended with a hectic fever." Vide Cullen's firſt lines of the Practice of Phyſic, ſect. 825; again, ſect. 827, "In every inſtance of a phthiſis pulmonalis we ſuppoſe there is an ulceration of the lungs," &c. And again, ſect. 828, "It ſometimes happens that a catarrh is attended with an expectoration of a matter ſo much reſembling pus, that phyſicians have been often uncertain whether it was mucus or pus; and therefore whether the diſeaſe was a catarrh or a phthiſis."

I quote Dr. Cullen as one of the lateſt and moſt reſpectable authors, the mention of whoſe name always gives me a ſingular pleaſure, as it brings to my remembrance the many advantages I derived from his inſtruction, and the happineſs I long enjoyed in his ſociety and friendſhip. Ηγησασθαι μεν τ' διδαξαντα με τιμω τιχνην ταυτην ϊσα γενετησιν εμοῖσιν. Hipp. Iusjurand.

That there are ſuch inſtances of phthiſis pulmonalis as have been juſt now mentioned, I could prove from my own experience, but I chuſe rather upon this occaſion, to take the evidence of authors who are better known, and when I mention the names of Huxham, Willis, and Bonetus, they will be allowed to merit no ſmall ſhare of public confidence.

Huxham has expreſſed himſelf very clearly on this ſubject in the following paſſage. "Non omnis utique tabes pul-
" monaria ab ulcere pendet (rarior enim
" eſt hic caſus quam vulgo putatur) plures
" enim quotidie per longum tempus im-
" menſam muci ſalſi, dulcis, vel etiam
" plane inſipidi, copiam per Tuſſim reji-
" ciunt, cui nec fœtor ineſt, nec purulenti
" aliquid, glandulis nimirum cum ducti-
" bus aſperæ arteriæ relaxatis nimium.
" Hoc tamen ſæpe, licet ægros diutius
" trahens, haud lethale minus fit quam
" ſi vel ipſam ſaniem expuiſſent." *

Willis,

* Vide Huxham de Aere & Morb. Epidem. vol. ii. p. 3.

Willis, whoſe fame as an anatomiſt is well known, but whoſe reputation as a practical writer, has been greatly obſcured by a profuſion of chemical pathology, is the only author I know who has corrected the common definition of the phthiſis pulmonalis. " *Phthiſis* definiri " ſolet *quod ſit totius corporis intabeſcentia* " *ab ulcere pulmonis orta.* Verum minus " recte; quia plurium ab hoc morbo de- " functorum cadavera aperui, in quibus " pulmones ulcere quovis immunes, tu- " berculis, aut lapidibus, aut materia ſa- " buloſa per totam conſiti fuerunt, &c. " Quapropter *Phthiſis* melius definitur " *quod ſit totius contabeſcentia a mala pul-* " *monis conformatione orta.*" *

The obſervations of Bonetus are ſimilar to thoſe of Willis. " Supra plurima " Tabis exempla adducta ſunt a tuber- " culis, grandine, calculis, aliiſque extra- " neis ortæ, citra ulcus; ab eorundem " ariditate, aliiſque vitiis." †

To the authorities already mentioned, I am much miſtaken if another may

* Vide de Medicam. operat. pars. ii ſect. 1. cap. 6.

† Vide Bonet. Sepulch. cum comment Manget. vol. i. lib. ii. ſect. 7. obſ. 105.

not be added, of ſtill greater weight. I mean that of Hippocrates himſelf, who in the Prænotiones Coacæ, has I think deſcribed very plainly, and in few words, the particular caſe in queſtion; the paſſage I allude to, is, in moſt editions of his works, as follows, "Οἱ δυσπνοοί ξηρωσει πολλὰ απεπτα αναγοντες "ἐν φθισι, ολεθριοι." thus tranſlated by Fœſius. * "Cum ſpirandi difficultate, areſ-"centes, in tabe cruda multa educentes, "exitialiter habent," and may be rendered, or paraphraſed, in Engliſh, in the following manner.

In thoſe caſes of pulmonary conſumption, where the patients breathe with great difficulty, where the body is parched up with the violence of the hectic heat, and where the expectoration is in conſiderable quantity, though conſiſting only of mucus or phlegm, the diſeaſe is of fatal termination.

Duretus, not underſtanding the meaning of Hippocrates, has in my opinion altered

* Fœſius is the only perſon who has given the true ſignification of ξηρωσει, which Mercurialis, Frobenius and Chartres tranſlate by, "dificulter ſpirantes, *ex* "*putredine*," but Hippocrates always uſes the word ξηρος for aridus, not putridus, ριγος ιχει και πυρετος, και βηξ ξηρη, &c. vide Hipp. de internis Affectionibus, Ed. Vanderlind. tom. ii. p. 207.

altered the reading of this paſſage very improperly, adopting the word πληρωσει inſtead of ξηρωσει which he tranſlates by "ex "nimia puris abundantia," an expreſſion which does not at all accord with the words πολλα απεπτα. Vanderlinden, from what authority I know not, has adopted a different reading, and for ξηρωσει has put συριζοντες but even admitting the propriety of this alteration, of which I do not pretend to judge, I ſhould tranſlate it in a different manner from what he has done, and inſtead of "difficulter ſpirantes "*ex putredine*," read "difficulter ſpirantes "*cum ſibilatione*," which appears to me a more literal explanation of συριζοντες, and more conformable to the uſage of Hippocrates, * and to our experience of the diſeaſe. But theſe critical remarks, whether well founded or not, do not in the leaſt affect the point we have endeavoured to eſtabliſh, as, independent of the word in diſpute, the paſſage contains a deſcription of a pulmonary conſumption, unaccompanied by an expectoration of purulent matter (as απεπτα clearly expreſſes) terminating in a fatal manner.

* Και συριζει ωσ δια χαλαμου, &c. Vide Hipp. de intern. Affectionibus. Edit. Vanderlind. tom. ii. p. 209.

XXV. *An Account of an Hydrocephalus internus of a prodigious Size, in an Adult.* *By* FREDERIC MICHAELIS, M. D. *Phyſician-General to the Heſſian Troops.* *Communicated by* DR. SIMMONS. *Read Jan.* 27, 1784.

INSTANCES of this dreadful diſeaſe, where the unhappy ſufferers live to a conſiderable age, are very uncommon, and therefore deſerve particular attention. Dr. Aurivillius, of Upſal, has publiſhed a caſe of this ſort, the ſubject of which was forty-five years of age; and I lately met with one in America, where the patient at the time I ſaw him, was twenty-nine years old.

This miſerable Being lives near the famous Peſaic Falls, in the ſtate of New Jerſey. His name is Peter van Winckel, he was born in 1754, of Dutch parents, who, as well as his brothers and ſiſters, are in perfect health. Three weeks after his birth his mother firſt perceived that his head was uncommonly large, and that the bones of the ſcull were much

much farther aſunder than uſual. This complaint ſoon encreaſed, to ſuch a degree, that he entirely loſt the uſe of his limbs, a ſlight motion of his arms excepted, and has never ſince been able to quit his cradle, unleſs carried by three or four people. As he has made no uſe of his feet, they have remained extremely ſmall; and look like thoſe of a boy of twelve years old, forming an odd contraſt with the reſt of his body, which is as large as that of a full grown perſon. His hands, indeed, though not quite ſo ſmall in proportion as his feet, are, for the ſame reaſon, much more delicate than might be expected at his time of life. I meaſured him, and found that from the feet to the chin, he meaſured four feet five inches, and from the chin to the vertex exactly one foot; ſo that his whole length was five feet five inches, making ſome allowance for a ſlight error on account of the difficulty of meaſuring him with accuracy, his body and legs being much bent and contracted, and he being unable to ſtraighten himſelf. But the dimenſion of his head I took with the utmoſt

preciſion, and found that it meaſured from the extremity of the chin to the root of the noſe ſeven, and from thence over the head, (which was almoſt bald,) to the nape of the neck twenty-five inches; the circumference of the head round the temporal bones was thirty-two inches. This monſtrous head he was unable to move, unleſs aſſiſted by others.

He had a thick beard, and his features were ſtrong and maſculine. His limbs were neither ricketty nor deformed, except his left hand, which had lately became diſtorted, from its having conſtantly remained unmoved in a bent poſition. The right ſide of his head was flattened by lying more on that than on the left ſide; but he was unable to continue for any length of time on either.

I was ſurpriſed to find that his pupils were neither enlarged, nor ſlow in their contraction; that he had no particular inclination to ſleep; that his appetite and digeſtion were perfectly good, and his evacuations in general regular; but he had at times been ſo obſtinately coſtive, that, glyſters having proved ineffectual, ſur-

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gical aſſiſtance had been required, to rid the rectum of the indurated fæces. No other part of the body was dropſical, nor had he ever been attacked with any other diſorder till the autumn of 1783, when he was ſeized with a remitting fever. He appeared to enjoy perfect health in every other reſpect, and has frequently expreſſed a deſire of being married. His ſenſes are not much impaired, excepting his eye-ſight, which, though quite ſufficient for other purpoſes, is not good enough to enable him to read; at leaſt this was the excuſe his parents made for his never having been taught. Beſides this weakneſs of his eyes he has a habit of ſquinting, (which he contracted ſome time ago by his deſire of ſeeing thoſe who ſtood behind his cradle,) which made him look extremely ugly. His hearing is very nice, and his memory remarkably tenacious; nor are his mental qualities contemptible, though he is generally conſidered as an ideot, on account of his looking ſo very ſtupid. I have heard ſeveral of his bon mots, ſomewhat bordering upon wit. He is always in good ſpirits, and is very

glad when people come to ſee him; but then his exertions to make himſelf agreeable, heighten his natural uglineſs. His ſmiles are hideous, and his ſhrill voice the moſt diſagreable I ever heard.

His religion does not conſiſt merely in a repetition of pſalms and other paſſages of the holy writings, of which he knows a great many by heart; but it gives him patience and reſignation to the will of Providence, ſo that he bears his misfortune, not only without murmuring, but with chearfulneſs, and has an attachment to life, that raiſed my utmoſt aſtoniſhment.

XXVI. *An*

XXVI. *An Account of a method of Curing the Hydrophthalmia, by means of a Seton. By Mr.* EDWARD FORD, *Surgeon. Read Feb.* 10, 1784.

IN the year 1781, I communicated to the public, through the channel of the London Medical Journal, a caſe of Hydropthalmia, ſucceſsfully treated by a method not uſually practiſed. Since that time, ſeveral other inſtances of the ſame complaint have occurred to me, which have been cured by the ſame means; and if this paper meets with the approbation of the ſociety, I ſhall be happy in making more known, an eaſy method of relieving a very painful diſeaſe.

All the caſes of hydrophthalmia which have fallen under my notice have been attended with complete opacity of the cornea, ſo that viſion was irrecoverably loſt. The cure of the diſeaſe by ſeton, is to be adopted only in ſuch caſes, the intent of the operation being merely to remedy the inconveniences occaſioned by the increaſed bulk of the eye.

Theſe

Theſe inconveniences are, frequent pain, inflammation of the diſeaſed eye, head-ach, reſtleſsneſs, difficulty of cloſing the eye-lids, a conſtant effuſion of tears down the cheek, and a great deformity from the bulk of the tumor.

The other eye alſo frequently becomes liable to inflammation, and the patient is commonly incapable of reading, or employing himſelf in any buſineſs that requires a continued attention of the eye.

The following mode of cure is not very painful, and may be eaſily performed. To do it with convenience, the ſurgeon and his patient ſhould be ſeated in the ſame manner as for extracting the cataract, or performing any other operation on the eye. The ſeton needle (of which I have annexed a drawing) being armed with ſix threads of white ſewing ſilk, is to be paſſed from the external angle, about a quarter of an inch from the edge of the cornea, through the poſterior chamber of the eye, and brought out at the ſame diſtance from the inner edge of the cornea.

I have

I have not lately uſed the *ſpeculum oculi* in this operation, as the pain it cauſes by preſſure, ſeems to overbalance the advantage that is gained by its fixing the globe of the eye.

In faſtening the threads, we muſt be cautious not to draw them tight, leaſt they ſhould cut through the cornea before the cure is compleated.

The external applications ſhould be of the ſedative kind; perhaps we have none more proper than the ſaturnine water of Goulard, applied warm. A certain degree of inflammation and fever come on ſoon after the operation, but I have found that theſe readily give way to a cooling regimen, bleeding, and gentle laxatives. A ſwelling of the eye-lids, and a thickening of the coats of the eye, muſt likewiſe be enumerated among the ſymptoms that follow the operation; but theſe commonly begin to ſubſide about the eighth or ninth day, at which time I uſually take out ſome of the threads, and the ſwelling then gradually ſinking within the orbit, the patient finds a comfortable alleviation

alleviation of thoſe painful ſymptoms, with which he was before affected.

For a month after the operation I keep in ſome of the threads, which, after the firſt inflammation is removed, do not occaſion much irritation.

None of my patients have had any violent degree of head-ach, or any tendency to delirium in conſequence of the operation.

As a proof of the utility of this mode of treatment, I ſhall here add a ſhort account of two caſes in which I practiſed it. In both theſe inſtances, the operation was performed in the preſence of Mr. Andree, Mr. John Howard, and * Mr. Vaux, ſurgeons.

CASE I.

William More, aged twelve years, was recommended in Auguſt 1783, to the Weſtminſter General Diſpenſary, for the cure

* Mr. Vaux has performed this operation, with ſucceſs, upon a woman at Deptford, whoſe tumor was uncommonly large and painful.

Fig. 1.

cure of an Hydrophthalmia. His parents informed me, that when he was about two years old, he had been ſtruck by a flaſh of lightning, which deprived him of the ſight of his right eye; that the eye had burſt inſtantly, and diſcharged a ſmall quantity of fluid; that for two years afterwards it appeared like a ripe mulberry; that ſince that time it had been repeatedly diſtended with a fluid, and was then very painful till it burſt, when he became tolerably eaſy, and remained ſo till the matter accumulated again. They added alſo that when he caught cold, or uſed violent exerciſe, the pain and inflammation were much increaſed, and that the left eye frequently became ſo painful and inflamed, as to render him incapable of applying to any buſineſs.

After taking the uſual methods of preparing him for the operation, by an antiphlogiſtic regimen, and purging, it was performed in the manner before mentioned, and in the ſpace of a month, the tumor flattened and ſubſided within the orbit, and he has continued perfectly eaſy ever ſince.

CASE.

CASE II.

Frances Arnold, of James Street, Bedford Row, aged eighteen years, of a very robuſt habit of body applied to me, Nov. 1, 1783, for the cure of an Hydrophthalmia. She ſaid that ſhe had been blind, almoſt from her infancy, in the right eye, which had alſo always been larger than the left. The cornea now projected conſiderably beyond the edge of the orbit, and the elevation and depreſſion of the eye-lids cauſed ſuch violent pain, that ſhe was now obliged to keep them conſtantly cloſed by a bandage. The diſeaſed eye was ſubject to frequent inflammations, which occaſioned great pain in the other eye.

The operation was deferred for ſeveral days, in order to obviate, by bleeding and a low regimen, the inflammatory diatheſis which prevailed in her conſtitution; when the operation was performed, the irritability was ſo great, that the eye-lids were with great difficulty kept open.

Much

Much care was uſed in the progreſs of this cure, to prevent any ill effect from inflammation; and no ſymptom occurred that did not eaſily give way to the common antiphlogiſtic method. In the courſe of ſix weeks ſhe was quite well.

XXVI. *An*

XXVII. *An Account of a Tumor, ſuppoſed to have been a diſeaſed Kidney, By Mr.* HENRY FEARON, *Surgeon of the Surry Diſpenſary. Communicated by* DR. JOHN SIMS. *Read Feb.* 24, 1784.

A Married lady, fifty years of age, who had never had a child, was ſeized with a pain in the region of the loins, which was increaſed on bending the body forward, and frequently extended down her thigh. This pain was accompanied with fever, and coſtiveneſs; and, after it had continued ſome time, a ſmall tumor was diſcovered between the falſe ribs and ilium, which gradually encreaſed in ſize for the ſpace of ten years.

She alſo complained of great pain about the uterus, attended with an uneaſy urging preſſure downwards. Theſe ſymptoms were ſo much encreaſed by ſitting or walking, that at length ſhe was confined to her bed. She tried a variety of medicines without finding any relief, and

by

by degrees became reconciled to her painful ſituation, which ſhe bore with great patience during the time above mentioned. The tumor, as it increaſed in ſize, deſcended.

At the time I firſt ſaw her, which was laſt ſpring, it was painful to the touch, perfectly circumſcribed, and ſo elevated that its removal appeared as practicable as that of any encyſted tumor. At firſt ſhe paſſed her urine freely; but latterly ſhe was troubled with a conſtant inclination to make water, and in paſſing it ſuffered conſiderable pain; it alſo frequently ſtopped ſuddenly, the pain continuing for ſometime after. There was likewiſe a diſcharge of mucus from the urethra, accompanied with ſtraining and uneaſineſs. Theſe ſymptoms gave reaſon to ſuſpect there was a ſtone in the bladder; ſhe was accordingly examined with the ſound, but no ſtone could be felt. Whilſt theſe ſymptoms were daily encreaſing, freſh complaints afflicted the unfortunate patient, and continued during the two laſt months of her

life, viz. very acute pains in the ſtomach and bowels; bloody-ſtools and urine, a vomiting of every thing ſhe took, and ſometimes of blood; the urine diminiſhed in quantity daily, and for ſix days previous to her death ceaſed entirely.

Leave being obtained to examine the dead body, I proceeded to perform the operation which had been propoſed in the patient's life-time, viz. the removal of the tumor by diſſection; this I effected without perforating the peritoneum, and then opened the body in the uſual manner. The abominal viſcera were all very much inflamed, but there was no ſtone in the bladder, nor any mark of diſeaſe within the cavity of the abdomen. Though I ſearched with the greateſt care, I could find no appearance of kidney on that ſide of the body where the tumor had been ſituated, and of courſe I concluded that (as I had before ſuppoſed) the tumor I had removed was the kidney in a diſeaſed ſtate. The other kidney was much diminiſhed in ſize, and upon cutting into it appeared totally deſtroyed, nothing remaining but the coats of it filled with pus.

The

The tumor removed was nearly globular, and of an unequal ſurface; * the part next the vena cava and aorta, and where the veſſels entered, was prominent, above which was ſeated diſtinctly, and in a ſeparate membrane, the *glandula renalis*; at theſe parts there was alſo more cellular ſubſtance than at any other. The tumor, when cleared from the cellular ſubſtance adhering to it, weighed two pounds ſix ounces and a half, and meaſured fifteen inches in circumference.

On being ſawed through it appeared to be an irregular oſſified maſs, and by chemical analyſis was found to be ſoluble in the ſame acids, and precipitated by the ſame means, as any other bone. On calcination, likewiſe, the matter which remained, in every reſpect agreed with that which remains after the calcination of bone in general.

This caſe ſhews that a diſeaſe of the kidney may produce ſymptoms very ſimilar to thoſe of a ſtone in the bladder. It alſo ſuggeſts a queſtion of ſome im-

* See plate X.

portance in practice, viz. whether a diſeaſed kidney, when elevated and tumified, and which muſt in time prove fatal, may not with ſome probability of ſucceſs be removed before the oppoſite kidney become affected by ſympathy, or any other cauſe.

XXVIII. *An*

XXVIII. *An Account of a Cancerous Affection of the Stomach.* By JOHN SIMS, M.D. *Read Feb.* 24, 1784.

THE recital of maladies, which, in the preſent imperfect ſtate of our art, admit of no relief, is a painful taſk. But as our opportunities of determining the nature of diſorders by diſſection after death, are comparatively few, I flatter myſelf the following caſe may be acceptable to the ſociety.

A ſerjeant of the Middleſex militia, about forty years of age, of a robuſt make, and rather inclined to corpulency, not addicted to the drinking of ſpirituous liquors, was, whilſt in winter quarters in Chatham barracks, frequently attacked with violent pain, ſometimes in the ſtomach, at others (as he ſuppoſed) in the bowels. The pain generally came on after eating, and he frequently vomited up his food three or four hours after taking it. At this time he was generally coſtive, except he procured ſtools by ſome opening medicine. Once, after

having been without any evacuation by ſtool for ſeveral days, and in great pain moſt of the time, he had a common glyſter given him, which brought away more than a quart of a thick gelatinous ſubſtance, without any appearance of excrement mixed with it. He thought himſelf much relieved, and, encouraged with the proſpect of a cure from this uncommon diſcharge, repeated the glyſter frequently, by which means ſmaller quantities of the ſame matter were continually diſcharged; but no permanent relief was obtained. The pain continued to recur frequently, though he ſometimes had intervals of eaſe for two and even three weeks together. His appetite began to fail, and he was conſiderably reduced in fleſh, though he ſtill looked ſo healthy, that when he was admitted into one of the London hoſpitals, ſix months after his firſt attack, he was ſuſpected of feigning his complaints. What attempts were made to remove his diſorder I cannot ſay, farther than that at different times he took vomits, purgatives and bitters, and had bliſters repeatedly applied to the pit of his ſtomach. His pains however continued to

increaſe

increaſe in violence, and in frequency of recurrence. The aggravation of his ſufferings from eating obliged him to abſtain very much from food. He waſted in ſtrength and fleſh daily. Some kinds of diet ſeemed to diſagree with his ſtomach more than others; beef was ſo particularly unfriendly, that even broth made of it occaſioned more pain than the ſolid fleſh of other animals.

It was about a year after the commencement of his diſorder that he was admitted at the Surry Diſpenſary. At this time he had almoſt continual pain at his ſtomach, particularly in the night time; he was much emaciated; his legs and thighs were oedematous, and ſome fluctuation was perceptible in the cavity of the abdomen; his reſpiration was affected, but he had no cough; whatever he took turned ſour upon his ſtomach, and he frequently vomited large quantities of a watery fluid which felt cold in his mouth; he had a conſtant rumbling in his bowels, and generally two or three ſtools in the night, but ſeldom any in the day; he continued to diſcharge great quantities of the gelatinous ſubſtance before

mentioned; his urine was high coloured, and in ſmall quantity; his pulſe frequent; and he complained of thirſt. Beſides theſe ſymptoms he had one, the connexion of which with the others was not evident, viz. an excruciating pain in one of his heels, in which, however, there was no ſwelling or appearance of inflammation.

It does not ſeem at all neceſſary to enumerate the unſucceſsful attempts that were made to relieve him, for though a cancerous affection in ſome part of the alimentary canal was from the firſt ſuſpected, yet when any other idea offered which could at all account for the ſymptoms, and encouraged a hope of relief from medicine, it was readily admitted, rather than adopt the ſuppoſition of ſo hopeleſs and irremediable a cauſe. The hydropic ſymptoms claimed the firſt attention, and theſe, under the uſe of cryſtals of tartar, entirely diſappeared in about a fortnight. His pain, however, continued to encreaſe, the intervals of imperfect eaſe became ſhorter, and were only obtained by opium. The pain in his heel continued a diſtreſſing ſymptom to the laſt; he became daily more emaciated,

ciated, and after languiſhing two months from the time of admiſſion at the Diſpenſary, death, which was become his only hope of relief, terminated his ſuffering.

Leave being obtained to examine the body, it was carefully opened by the ſurgeon of the Diſpenſary. Except ſome preternatural adheſions of the parts contiguous to the ſtomach, no mark of diſeaſe was any where obſerved but in that viſcus, the ſmaller extremity of which was found to be affected with a ſcirrhus, which appeared to have begun at the moſt depending part, and to have gradually extended towards the pylorus. The external ſurface of the ſtomach was ſmooth, but on the inſide the diſeaſed part was very unequal, a ſort of polypous excreſcences nearly filling up the cavity at the right extremity, ſo that oppoſite to the middle of the ſmaller curvature there was but barely opening ſufficient to admit one finger; one of the largeſt of theſe excreſcences was ſo ſituated that in ſome ſituations it might compleatly block up the pylorus, and in others leave a free paſſage through it. On the interior ſide of the ſtomach, the ſcirrhus

was

was ulcerated, and at that part there was an opening from the cavity of the ſtomach into that of the abdomen, but this opening probably had not taken place long before death, as only a ſmall quantity of extraneous matter was found in the cavity of the abdomen. The larger extremity of the ſtomach ſeemed perfectly free from diſeaſe, and, except ſome thickening of its coats, the pylorus was not affected.

XXIX. *An*

XXIX. *A Caſe of Cancer of the Stomach.* *By* JAMES CARMICHAEL SMYTH, M.D. F.R.S. *Phyſician Extraordinary to his Majeſty.* *Read March* 9, 1784.

THE account of a cancerous affection of the ſtomach lately communicated by Dr. John Sims, having brought to my remembrance a caſe ſomewhat analogous that fell under my care ſome years ago, I imagine a ſhort deſcription of it may not be unacceptable to the ſociety, eſpecially as I have not found any thing exactly ſimilar to it, either in Bonetus or Morgagni.

A man about thirty years of age, was in June 1778, admitted into the Middleſex Hoſpital. He had been long in a bad ſtate of health and was extremely pale and emaciated. From the beginning of his illneſs, his chief complaint was a conſtant pain at his ſtomach, which at times was extremely violent, and was accompanied with a vomiting of an acid and very offenſive matter. He complained alſo of

of a ſtrong pulſation a little below the ſcrobiculus cordis, which pulſation was ſo remarkable as to induce many perſons to ſuſpect that it was occaſioned by an aneuriſm of the aorta, or cœliac artery. He had tried many remedies, but from none of them had he received any permanent relief. He lived only ſix weeks after his admiſſion into the hoſpital, and during that time thought his ſufferings ſomewhat alleviated, by the uſe of abſorbents and extract of hemlock.

Upon examining the body after death, the ſtomach was found firmly adhering both to the liver and to the pancreas. The liver itſelf was perfectly ſound; but a large portion of the pancreas, where it adhered to the ſtomach, was quite hard and ſcirrhous; the remaining part was free from diſeaſe. On laying open the ſtomach, we obſerved, upon that part which adhered to the liver, an ulcer about the ſize of a ſhilling, of a cancerous appearance, with hard edges, which had compleatly eroded, not only the coats of the ſtomach, but alſo the peritoneal coat of the liver, ſo that

the

the ſubſtance of this viſcus, formed part of the parietes of the ſtomach. There was an ulcer of the ſame kind, though ſmaller, on that part of the ſtomach which adhered to the ſcirrhous portion of the pancreas, and beſides theſe there were ſeveral ſmall indurations, on different parts of the ſtomach, and in ſome of them an appearance of beginning ulceration.

Although the cancer of the ſtomach is one of thoſe unfortunate caſes in which the moſt exact knowledge of the diſeaſe cannot aſſiſt in pointing out a ſucceſsful mode of practice; yet the examination of ſuch diſeaſes by diſſection, may be of uſe by enabling us to form a more certain prognoſtic, in caſes of a ſimilar nature. In the preceding there are two circumſtances which particularly claim our notice. In the firſt place, we have an example of a morbid alteration in the body, (viz. the adheſion of the ſtomach to the liver) being of ſervice in prolonging the life of the animal; and ſecondly, we ſee that a ſtrong pulſation may be occaſioned, not only by an aneuriſm, or diſeaſe of the artery, but that a ſcirrhous tumor lying immediately above it will produce the ſame effect.

XXIX. *An*

XXX. *An Account of a painful Affection of the Antrum Maxillare, from which three Inſects were diſcharged. By* JOHN HEYSHAM, M.D. *of Carliſle, in Cumberland. Communicated in a Letter to Dr.* GRAY, *by* JOHN LATHAM, F.R.S. *Surgeon at Dartford, in Kent. Read March* 9, 1784.

DEAR SIR,

MY friend, Dr. Heyſham, having communicated to me the following caſe, and thinking that ſo curious a fact deſerves to be recorded, has deſired me to ſubmit to your judgment, whether it may not be thought worthy a place in the intended publication of the medical ſociety, of which you are a member. I have therefore incloſed it for your inſpection.

With it you will likewiſe receive the moſt perfect of the inſects, * which Dr. Heyſham thinks may prove to be a *larva* of the *Oeſtrus* genus. In this opinion I moſt

* See Plate I.

I moſt readily concur. Linnæus enumerates five ſpecies of that genus; two of which perform their changes within the ſkin on the back of oxen, or other animals; the third in the *rectum* of horſes, being the occaſion of the diſeaſe, called the Bots; and the other two in the maxillary and frontal ſinuſes of horſes and ſheep.

I have taken ſome pains to determine the ſpecies of the *larva* in queſtion, but have rather been able to prove what it is not, than what it really is. The neareſt reſemblance of it I have met with, is in Valliſneri's Op. vol. i. tab. 28, which is referred to by Linnæus, as the *larva* of the *Oeſtrus bovinus*.

Caſes have not been wanting ſomewhat ſimilar to the above; ſome of which Dr. Heyſham has referred me to in Pallas's Diſſertation *de Infeſtis viventibus intra Viventia*, publiſhed in Sandifort's Theſaurus. *

" We

* " In mucoſis narium anfractibus, ſpeciatimque in " ſinu frontali, Oeſtrus ovinus. Linn. 5. larvas educat. " In Lupi rabidi oſſe ſpongioſo Vermes. Miſc. Cur. D. i. ann. iii.

We likewiſe read of various relations, in which worms, as they are called, have been found in the Cribriform bone, † as well as in the brain

" ann. iii. obſ. 893, & in milite delirio defunc-
" to hirſutos duos Fernelius narrat repertos fuiſſe.
" Scolopendræ quoque in his locis non infrequentes,
" quæ cephalæas diuturnas excitant, qualis 112 pe-
" dibus phoſphoreſcens ut videtur Linnæi, feminæ
" per quadriennium infeſta in Hiſt. de l'Acad. de
" Paris 1708, p. 42. & ſimilis poſt trium anno-
" rum moleſtias è viro. ib. 1733. p. 34. Ex femina
" ruſtica per novem annos cephalalgica excretam, cum
" ſubito auctis doloribus et vertigine caduca, ſcolo-
" pendram forficatam pollicem longam, vidit ami-
" ciſſimus Hellefeldius, ſimilemque Kerkringius,
" Obſ. 43, habet."

" Emunctos aſcaridiformes vermiculos poſt hemi-
" craniam Borel. 1. 19. 39. et album latum palma-
" rem Hollerius de vermibus habet. Prodiiſſe ex
" Antro Highmoriano feminæ junioris, injecto decocto
" herbarum amararum, ultra viginti digitales nigris
" capitulis, ceſſante genæ tumore orto cum cephalalgia
" quam effluxus lymphæ cum aliquot vermiculis
" ſolverat. Commerc. Noric. v. ix. p. 164. Et e
" more ſummi naſi enormi cephalæa ſtipato ultra
" centum teretes molles, depreſſos, cinereos, rugoſos,
" antennulatos erupiſſe legimus. ib. v. x. p. 131.
" t. 1. f. 6.

Theſaur. Diſſert. programmat. Sandifort. v. i. p. 249. 250.

† " Filius Theod. *&c.* avunculi mei, diuturno
" vexabatur dolore capitis—deinde dolore et febri-
" culâ

brain itſelf, ‡ and many more ſimilar inſtances might be quoted, but thoſe already mentioned you will probably think ſufficient. I ſhall therefore only add, that if the ſociety think this communication worthy their notice, it will give great ſatisfaction to Dr. Heyſham, as well as to,

Yours, &c.

JOHN LATHAM.

DARTFORD, Dec. 28, 1783.

ANN LIDDELL, a widow, aged ſixty years, was admitted at the Carliſle Diſpenſary on the 23d of September 1782. She had for many years managed

" culâ auctis et ſternutatione exortâ, ruptus eſt abſceſſus " circa os cribroſum, inde nonnihil puris fœtidiſſimi " effluxit; cum quo ſimul Vermis proſerpſit.

Fabr. Hildan. Cent. 1. *obſ.* 8.

‡ " Tandem cum tabida obiiſſet, ſtatim aperto cranio " præſentes Medici totam cerebelli ſubſtantiam, quæ " ad dextrum vergit, à reliquo corpore ſejunctam, " nigrâque

ed a public oven, hence was often expoſed not only to great heat, but alſo to ſudden alternations of heat and cold. She had likewiſe been accuſtomed to take large quantities of ſnuff; and previous to her being attacked with the following complaint, was a healthy, active, robuſt woman, ſomewhat corpulent; but was never ſubject to tumours either in her breaſt, or any other part of her body.

For upwards of eight years ſhe has been afflicted with a ſevere pain on the right ſide of her face and head; it begins in her cheek, and from thence extends all over that ſide of her head; ſhe is never altogether free from pain, but it is moſt moderate in hot weather. During the winter, ſpring, and a great part of the autumn, her cries are ſometimes ſo loud, from the violence of the pain, as to diſturb the whole neighbourhood.

Nothing

" nigrâque tunicâ involutam deprehenderunt: hæc tu-
" nica rupta latentem vermem vivum, & piloſum,
" duobus punctis ſplendidis loco oculorum prodidit,
" ejuſdem fere molis cum reliqua Cerebelli portione,
" qui duarum horarum ſpatio ſupervixit.

Verzaſch. Obſ. Med. Obſ. 6. p. 16.

Nothing particular is to be obſerved either on her cheek or in the inſide of her mouth, but her eyes are at times inflamed. At preſent ſhe opens her mouth with ſome difficulty; and any conſiderable motion, ſuch as ſpeaking loud, or chewing any ſolid food, will ſometimes excite the pain. The admiſſion of cold air alſo aggravates it.

Her appetite is tolerable, her belly is regular, ſhe has no thirſt, but gets little or no ſleep.

She was a patient a conſiderable time in the Newcaſtle Infirmary, and has ſince taken a variety of remedies, without reaping the leaſt advantage. She has been twice ſalivated, which increaſed the pain each time; and all the *dentes molares*, of that ſide have been extracted.

She was ordered to take, at bed-time, an anodyne draught, containing thirty drops of laudanum.

Sept. 24. The draught neither procured ſleep, nor diminiſhed the pain. It was ordered to be repeated with fifty drops of laudanum.

25th. She ſlept little in the night. The pain is as violent as ever; and ſhe being rather coſtive, to the draught was added half an ounce of tincture of ſenna, and ten drops more of laudanum.

28th. She has taken ſixty drops of laudanum each night, without obtaining either eaſe or ſleep.

Finding no advantage whatever to be obtained from the exhibition of opium, I ordered it to be diſcontinued, and as the caſe in many reſpects ſeemed to be ſomewhat ſimilar to thoſe deſcribed by Dr. Fothergill, in the fifth volume of Medical Obſervations and Enquiries, I determined to adopt the mode of treatment which he recommends, and which in ſeveral inſtances he had uſed with ſucceſs. She was therefore ordered to take a grain of the extract of hemlock night and morning; and to increaſe the doſe gradually, according to the effects produced.

October 5th. She has taken two pills night and morning, they produce no ſenſible effects, the pain of her face and head not being in the leaſt abated.

She

She was ordered to take three pills every night and morning.

She continued the extract of hemlock with little intermiſſion, and without the leaſt alteration in her complaints, till the 10th of January, 1783; ſhe then ſaid, ſhe could take no more medicines, and was that day diſmiſſed as incurable.

April 23, 1783. At the requeſt of ſeveral of the Governors of the Diſpenſary, who ſaw and pitied her ſufferings, ſhe was again admitted.

She is nearly in the ſame ſituation as when ſhe was diſmiſſed. The pain is conſtant and ſevere; and every ten or fifteen minutes, it becomes ſo acute and excruciating, that ſhe cries out in the utmoſt agony. This paroxyſm continues a minute and a half, or two minutes, during which her face and other parts of her body are affected with violent contortions.

The pain as ſhe imagines, originates in the cheek-bone, very near the antrum maxillare. She was not willing to take any more medicines, but her condition was ſo miſerable that ſhe would readily ſubmit to any operation. By way of experi-

ment, but without any ſanguine hopes of ſucceſs, I directed the antrum to be perforated.

24th. The antrum maxillare was this day perforated with a large trocar, there was not the leaſt diſcharge of matter, nor any other appearance of diſeaſe in the part.

Half an ounce of a mixture of decoction of bark and elix. aloes was injected into the antrum once a day, and the orifice was kept open by a ſmall piece of gentian root.

28th. There has been little alteration in her ſymptoms ſince the antrum was perforated, the pain continuing nearly the ſame, till this day, when immediately after the injection was uſed, ſomething appeared in the orifice, which the byeſtanders thought reſembled a tooth. It was immediately extracted, and proved to be an inſect, about an inch in length, and thicker than a gooſe-quill. When extracted it was dead, and of a very pale yellow colour. After it was diſcharged ſhe had a remiſſion of the pain for ſeveral hours.

30th.

30th. Another inſect ſuppoſed to be of the ſame kind, was yeſterday ſeen in the antrum, but it could not be extracted. The pain is now as violent as ever. The injection of bark was diſcontinued, and half an ounce of olive oil was ordered to be injected every day.

May 1ſt. The oil has been injected, but the inſect is not yet diſcharged.

2d. Yeſterday evening, the other inſect was diſcharged; in form, and ſize, it exactly reſembles the firſt, but is intirely of a black colour, and was alſo dead. If a ſilver probe is now introduced into the antrum, it is tinged of a browniſh colour. The pain continues violent.

4th. The pain continues nearly the ſame. Another inſect was this day perceived.

6th. The olive oil is conſtantly injected, but the inſect ſtill remains in the antrum. Laſt night ſhe took forty drops of laudanum, which procured a little ſleep; and was therefore ordered to be repeated. There is no alteration in the pain.

8th. There is now a conſiderable diſcharge of purulent matter; the pain is violent, and the anodyne draught has no effect in procuring ſleep.

13th. The pain was excruciating on the 10th, and a great part of the 11th, but towards the evening of that day it abated much, and ſhe now articulates with ſome difficulty, a circumſtance which has frequently occurred before. Pulſe 84. The diſcharge of purulent matter ſtill continues, and ſomething like the ſkin of an inſect has come away. The oil continues to be injected, but ſhe has not taken the anodyne draught for two or three nights.

15th. She continued eaſy till about one o'clock this morning, when ſhe had ſome return of the pain, which continued near two hours, and then abated. At preſent ſhe is free from pain, and ſpeaks tolerably well, but is afraid to open her mouth, leſt it ſhould bring on the pain. Nothing has been injected into the antrum ſince the twelfth. She was ordered to drink eight or ten ounces of wine every day.

21ſt.

21ſt. She continues free from pain. There is ſtill a diſcharge of matter, and of ſomething like ſmall pieces of membrane, from the antrum.

27th. She has been eaſy till this day, when the pain returned in a ſlight degree. The diſcharge of purulent matter continues. Pulſe 80, and rather feeble. She reſts pretty well in the night.

June 7th. She has had frequent returns of pain ſince the laſt report; her face is ſomewhat ſwelled, and there is a little inflammation in her eye. The diſcharge of matter is much diminiſhed, and the perforated part ſeems to be in a healing ſtate.

16th. She generally has a return of pain once in the ſpace of an hour and a half, which continues ten or fifteen minutes, but is now only as violent during the paroxyſm, as it was during the intermiſſion, before the antrum was perforated. Sleeps about three hours in the night. Pulſe 80.

26. The pain, with reſpect to violence and duration, is nearly the ſame as it was on the 16th, but its ſituation is ſome

ſomewhat changed. She now deſcribes it as beginning in the right frontal ſinus, extending round the orbit of that eye, and ſometimes ſhooting downwards towards the corner of the lower jaw. It is that kind of pain, ſhe ſays, which ſhe imagines would occur if the bone were ſcraped with a ſharp inſtrument.

There is a very ſlight degree of inflammation in the eye-lid. The diſcharge from the antrum has ceaſed for ſome time, and ſhe thinks the perforated part entirely healed. Pulſe 74, regular, and pretty ſtrong; her appetite is tolerable, and ſhe ſeems to ſpeak with a degree of ſtrength and ſpirits which I have not before obſerved.

Little change took place in her ſituation till the 7th of July, when the pain returned with great violence and ſhe was again ordered to take the extract of hemlock; in the uſe of which ſhe perſevered till the latter end of October; but, though the doſe was increaſed to 109 grains in 24 hours, no material advantage was derived. At the ſame time fumes of tobacco were thrown up her noſtril, with

an

an intention of killing any inſects that might be lodged either in the maxillary or frontal ſinuſſes. On the 27th of October, being tired with the hemlock, it was omitted, and opium ſubſtituted in its ſtead, of which ſhe now takes 15 grains every night, which mitigates the pain and procures her a little ſleep. *

* The ſociety have received no account of this patient ſince the paper was read, but hope to be able to give the ſequel of the caſe in a future volume.

XXXI. *An*

XXXI. *An Account of a hairy Excreſcence in the Fauces of a new-born Infant.* *By* EDWARD FORD, *Surgeon.* *Read May* 4, 1784.

A Few weeks ſince, I was called upon by Mr. Dawes of Newman-ſtreet, to ſee a child in Duke-ſtreet, Bloomſbury; born the day before, with a tumor in the fauces, which rendered it unable to ſuck, or to ſwallow any kind of nouriſhment.

Upon examining the child, I obſerved a black frothy mucus in its mouth, but could not diſcover the ſwelling, till I attempted to introduce my fore-finger into the fauces; I then found its paſſage was obſtructed by a ſolid ſubſtance, which was moveable, and could eaſily be brought over the tongue into the fore-part of the mouth. On withdrawing my finger, the tumor ſlipt into its former ſituation, totally cloſing up the pharynx. The child breathed with great difficulty, and made frequent efforts to cough. I could perceive that the baſis of the tumor was ſmall, and that

that its attachment was behind the uvula and palatum molle. Dr. Douglas, Dr. Oſborn, and Mr. John Howard likewiſe ſaw the child, and agreed with me in opinion that the tumor might ſafely be removed by a ligature. This was more eaſily accompliſhed than we had expected, for in paſſing the ligature round the root of the tumor, the threads cut through the ſmall peduncle by which it was ſuſpended, and it fell into my hand. The child hardly loſt any blood by the operation, and a few hours after was put to the breaſt, and ſwallowed with great facility.

The drawing annexed to this caſe, * repreſents the form of the tumor or excreſcence, which was intirely covered with hair, and upon being cut open, was found to be of a ſolid ſubſtance, not very much unlike the thyroid gland.

It is proper to obſerve that the hairineſs of the external ſurface (which ſeems to be the moſt remarkable circumſtance) is not ſtrongly expreſſed in the drawing, as

* See Plate I.

as the child's mother could not be perſuaded to part with this luſus naturæ, till ſeveral days after it was removed, and then, by frequent handling, and maceration, it had loſt much of its hairy appearance.

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